

# Mount Shepherd Retreat Center

## SUMMER 2009 REGISTRATION FORM

1045 Mount Shepherd Road Extension Asheboro, NC 27205-2844  
Phone: 336-629-4085 Fax: 336-629-4880

Web address: www.mtshepherd.org  
Email: mtsheph@asheboro.com

**One registration form per camper per session is required. This form must be completed in its entirety. Photocopies are acceptable.**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
First Middle Last Name Called

Complete Mailing Address \_\_\_\_\_

Phone Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Session (Elementary Camp Adventure, etc.) \_\_\_\_\_ Date of Session \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Roommate preference \_\_\_\_\_

Ethnic Group (For statistical reporting): African American \_\_\_ Caucasian \_\_\_ Hispanic American \_\_\_ Other \_\_\_\_\_

This registrant attended camp at Mount Shepherd in the year(s) \_\_\_\_ First time! \_\_\_\_ 2008 \_\_\_\_ 2007 \_\_\_\_ 2006 \_\_\_\_ 2005 \_\_\_\_ 2004

**DAY CAMP ONLY:** Will your child ride the camp van? Asheboro \_\_\_\_\_ Archdale \_\_\_\_\_ (check one)

**Indicate T-shirt size (circle one) CHILDREN: Medium ADULT: Small Medium Large X-Large XX-Large**

A non-refundable and non-transferable registration fee of \$50.00 is required. In addition to the registration fee I've enclosed is a tax-deductible donation in the amount of \_\_\_\_\_ for the "Mount Shepherd Campership Fund". Total amount enclosed: \_\_\_\_\_  
Make checks payable to Mount Shepherd Retreat Center.

Name of Parent(s) or Guardian \_\_\_\_\_ Emergency Number (\_\_\_\_) \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Church of choice \_\_\_\_\_ Church Address \_\_\_\_\_

**Return to above address or FAX number.**

**FOR OFFICE USE ONLY:**

Please mail a summer brochure to:

D. R. \_\_\_\_\_

Name and Address \_\_\_\_\_

T. F. \_\_\_\_\_

Name and Address \_\_\_\_\_

DIS. \_\_\_\_\_

**The following credit/debit cards are accepted:**

T. D. \_\_\_\_\_

Circle Type of Card **VISA MasterCard** Total amount to be charged \_\_\_\_\_

A. R. \_\_\_\_\_

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

B. D. \_\_\_\_\_

Security code on back of card \_\_\_\_\_

Cardholder Name (Please Print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**Refund Policy:** Two weeks prior to the beginning of the session the camper is registered to attend, there is not refund for withdrawal, late arrival, early departure or no-show. If the camper is injured in an accident or has an illness resulting in the camper not being able to attend camp ½ of the registration fee is refundable less the deposit. A full refund less the deposit is given should a death in the family result in the camper being unable to attend.