CAMP SONRISE MOUNTAIN APPLICATION
Fall Retreat
November 3-5th 2017
Deadline for Application: October 27th 2017
COST: $55
Registration: Friday, Nov. 3rd @ 6pm
Pick up: Sunday, Nov. 5th @ 1pm
For Grades 6 – Graduating Seniors

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Camper Name: _____DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone #: (_____) _____

Alternate Phone #: (_____) _____

Parent Email Address: _____

Local Church: _____

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Medical Information:

Physician Name: _____ Phone #: (_____)_____

Allergies: _____
_____

Medications: _____
_____
_____

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I release the camp management and staff in charge from all responsibility of illness and accident occurring during my child's stay at camp. I give the camp staff permission to have my treated at a medical facility in case of needed emergency treatment, in which case 911 will be called. I will accept any charges incurred that are not covered by insurance. I give the camp staff permission to give my child non-prescription medication if needed.

Parent's Signature: _____ Date: _____

Please make check payable to: ARCM
Mail application and payment to:
Becky Rodriguez
620 Wesley Chapel Rd.
Scottdale, PA 15683
Phone: 724-887-3990 Email: BeckyJuan4@zoominternet.net