



JOHNS RIVER VALLEY CAMP
CAMPER REGISTRATION FORM

Option 1: Mail: Please print, fill out, and mail to Johns River Valley Camp, P.O. Box 119, Collettsville, NC 28611

Option 2: Email: Please fill out and return to phardy.jrvc@gmail.com

CAMP INFORMATION:

Camp Name: _____

Camp Date: _____

Camp Price: _____

CAMPER INFORMATION:

Name of Participant: _____

Male: _____ Female: _____ Date of Birth: _____ Upcoming Fall Grade: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact Name: _____ Emergency Contact Number: (____) _____

Parent/Guardian Signature: _____

Local Church: _____ Pastor Signature: _____

(Church and pastor signature only required if camper is receiving campership money from local church)

Physical/Diet Restrictions: _____

Additional Comments: _____

PAYMENT INFORMATION:

Total Enclosed \$ _____ [] Check [] Money Order [] Visa [] MasterCard [] Discover Card [] AMEX

If Check - Make checks payable to JRVC. If Card - Please charge my credit card:

Card Number: _____ Expiration Date: _____ 3 Digit Security Code: _____

Name on Card: _____ Signature: _____

MAIL completed form with \$30 non-refundable deposit to Johns River Valley Camp, P.O. Box 119, Collettsville, NC 28611. Full payment is due on or before the first day of camp.

A limited number of partial scholarships based on need are available. Inquire with camp for further information.