

YOUTH REGISTRATION

Please print. Use one form per program and person. Feel free to make additional copies.
Send this form with deposit/payment (make checks payable to *Hope Conference Center*)

mail to: *Hope Conference Center, P.O. Box 165, Hope NJ 07844*

Name _____

Registering for (Program) _____

Gender ____ Age ____ Grade Completed ____ Birth Date ____/____/____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____

Cell Phone (____) _____

Campers e~mail _____

Home Church & Denomination _____

City _____ State _____

Roommate Request (one please)

**EMAIL REGISTRATION
CONFIRMATION**

I will accept email registration confirmation with forms attached.

____ Word documents

____ pdf file

FAMILY email address:

Print

@ _____

I have recruited this person(s) for a summer conference or camp. (Attach a sheet with up to five names)

Name _____ Program _____

As a new Hope Center camper, I was recruited by _____

who is registered in (Program name) _____

1. Total fee before discount	+	\$ _____
2. Early Registration discount	-	\$ _____
3. Recruitor discount	-	\$ _____
4. Other discount (church)	-	\$ _____
5. Other discount (BAM, UBC, etc.)	-	\$ _____
6. add Store Deposit (optional)	+	\$ _____
7. add CAMPERSHIP DONATION*	+	\$ _____
8. Payment (min. deposit or full payment + store + donation)	-	\$ _____
9. Balance due	=	\$ _____

*Camperships donations benefit financially needy campers. Thank you.