

2019 CAMP NEW DAWN Camper Registration

Check weeks for which you are registering:

706-539-2235

www.campnewdawnga.org

___ **All-kids Camp**, Grades 4-5, **June 9-14** (\$300) Day camp \$170.00

___ **Middle School Adventure**, Grades 6-8, **June 16-21** (\$300)---no day camp

___ **Cove Adventure**, Grades 9-12, **June 23-28** (\$325)

___ **Mini-camp**, Grades 1-3, **June 30-July 2** (\$160) (day camp \$75)

___ **Civil War Camp**, Grades 4-12 or family camp, **July 7-12** Individual: \$300 Family: \$200 per family member--no day camp

___ **Multi-sports Camp**, Grades 1-12, **July 14-19** (\$300/\$170 day)

Check one: ___ **Day Camp** ___ **Overnight Camp**

Limited Scholarships available. Please call.

Name: _____

Address: _____ City _____ St/Zip _____

Phone: _____ Cell: _____ E-mail: _____

Age: ___ Birthday ___/___/___ Gender _____ Grade _____ Years attended Camp New Dawn _____

Other camps attended _____

How did you hear about our camp? _____

What are your goals for the week? _____

Amount of deposit (\$50 minimum) _____ Friends attending camp _____

I, the legal parent/guardian of the above named camper do hereby register him/her for camp. I am aware that if my child is accepted, I will need to fill out a medical form. I understand that should my child not adhere to the behavior code at camp, I will be notified and must provide transportation for the child to leave camp. I give permission for any photos taken of my child to be used in advertising and for records retained by Camp New Dawn, and Christian Camp & Conference Assoc.

Parent/Guardian

Date

Contact information, if different from camper's: Cell phone: _____

E-mail: _____

Persons authorized to pick up your child from camp if you are unable to do so: _____

For office use only: Recorded by _____
on _____ 2017.

Return Registration and non-refundable
deposit of \$50 to:
Camp New Dawn
245 S. Cedar Lane
Chickamauga, GA 30707