



CAMP CHRISTOPHER
2018 Spring Environmental Education School Programs
OVERNIGHT ADVENTURE REGISTRATION FORM- SPRING

SCHOOL NAME _____

Contact Teacher Name _____ Contact Teacher Email _____

School Phone: (_____) _____ Contact Teacher Phone: (_____) _____

Principal _____ Fax Number: (_____) _____

Address _____

Street City State Zip County

STUDENT INFORMATION — Final counts due two weeks prior to your camping date(s)

Boys: _____ # Girls: _____ # Classes: _____ Grade(s): _____

PLEASE SELECT FROM THE FOLLOWING PROGRAMS: \$100 Deposit is required to reserve your dates.

Please check 1st choice, 2nd choice, 3rd choice. Camp Christopher will make every attempt to assign your first choice.

2 Day, 1 Night Dates—\$80/student		2.5 Day, 2 Night Dates—\$110/student	
April 17-18: _____	May 7-8: _____	April 24-26: _____	
April 24-25: _____	May 10-11: _____	May 7-9: _____	
May 1-2: _____	May 14-15: _____		

****Contact Camp Christopher if your preferred dates are not listed****

_____ **Low Ropes Course (available as a chosen activity with no additional fee)**

_____ **High Ropes Course (only available on select dates; please call for more information)**

_____ **Zipline (additional \$5/student)**

Signatures Required for Registration

The signatures below indicate that the above named school is aware of the Camp Christopher registration procedure and will attend camp as assigned.

Principal _____ Date _____

Teacher _____ Date _____

FINAL BALANCES DUE TWO WEEKS BEFORE YOUR CAMPING DATE (s)

INSURANCE – please check one:

<input type="checkbox"/>	This organization is not insured through the Diocesan Insurance Service Corporation (DISC), but would like to purchase a special event policy through DISC at the cost of \$100/day.
<input type="checkbox"/>	This organization is insured through the Diocese of Cleveland.
<input type="checkbox"/>	This organization is insured through DISC and a copy of the policy is attached.
<input type="checkbox"/>	This organization has attached a certificate of insurance through its carrier with a combined single limit of at least \$1,000,000 per occurrence with this application.

Return deposit check (made out to *Catholic Charities*) and Registration Form to:

Camp Christopher-Environmental Education
 812 Biruta St, Akron, OH 44307-1104 or cthayer@ccdacle.org

See Reverse Side for Day Adventure



CAMP CHRISTOPHER
2018 Spring Environmental Education School Programs
DAY ADVENTURE REGISTRATION FORM-SPRING

SCHOOL NAME _____

Contact Teacher Name _____ Contact Teacher Email _____

School Phone: (_____) _____ Contact Teacher Phone: (_____) _____

Principal _____ Fax Number: (_____) _____

Address _____
 Street City State Zip County

STUDENT INFORMATION — Final counts due two weeks prior to your camping date

Boys: _____ # Girls: _____ # Classes: _____ Grade(s): _____

PLEASE SELECT FROM THE FOLLOWING OPTIONS:

\$50 Deposit to reserve date

_____ **HALF DAY of activities (up to 3 hours) - \$20/student**

_____ **FULL DAY of activities (up to 6 hrs) - \$30/student**

April 25: _____

April 26: _____

May 30: _____

May 31: _____

****Contact Camp Christopher if your preferred dates are not listed****

_____ **Low Ropes Course (available as a chosen activity with no additional fee)**

_____ **High Ropes Course (only available on select dates; please call for more information)**

_____ **Zipline (additional \$5/student)**

_____ **Hot lunch: \$5/person (student and adult)**

FINAL BALANCES DUE TWO WEEKS BEFORE YOUR CAMPING DATE (s)

Signatures Required for Registration

The signatures below indicate that the above named school is aware of the Camp Christopher registration procedure and will attend camp as assigned.

Principal _____ Date _____

Teacher _____ Date _____

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CAMP CHRISTOPHER
2018 Environmental Education School Programs
OVERNIGHT ADVENTURE REGISTRATION FORM - FALL

SCHOOL NAME _____

Contact Teacher Name _____ Contact Teacher Email _____

School Phone: (_____) _____ Contact Teacher Phone: (_____) _____

Principal _____ Fax Number: (_____) _____

Address _____

Street City State Zip County

STUDENT INFORMATION — Final counts due two weeks prior to your camping date(s)

Boys: _____ # Girls: _____ # Classes: _____ Grade(s): _____ TOTAL # of Students _____

PLEASE SELECT FROM THE FOLLOWING PROGRAMS: \$100 Deposit is required to reserve your dates.

Please check 1st choice, 2nd choice, 3rd choice. Camp Christopher will make every attempt to assign your first choice.

<u>2 Day, 1 Night Dates—\$80/student</u>		<u>2.5 Day, 2 Night Dates—\$110/student</u>	
Sept 17-18: _____	Oct 17-18: _____	Oct 8-10: _____	Nov 7-9: _____
Sep 24-25: _____	Oct 22-23: _____	Oct 16-18: _____	Nov 14-16: _____
Oct 1-2: _____	Nov 12-13: _____	Oct 24-26: _____	
Oct 9-10: _____		Oct 31-Nov 2: _____	

****Contact Camp Christopher if your preferred dates are not listed****

_____ **Low Ropes Course (available as a chosen activity with no additional fee)**

_____ **High Ropes Course (only available on select dates; please call for more information)**

_____ **Zipline (additional \$5/student)**

FINAL BALANCES AND TOTAL NUMBER OF STUDENTS ARE DUE TWO WEEKS BEFORE YOUR CAMPING DATE (s)

Signatures Required for Registration

The signatures below indicate that the above named school is aware of the Camp Christopher registration procedure and will attend camp as assigned.

Principal _____ Date _____

Teacher _____ Date _____

INSURANCE – please check one:

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See Reverse Side for Day Adventure



CAMP CHRISTOPHER

2018 Environmental Education School Programs

DAY ADVENTURE REGISTRATION FORM – **FALL**

SCHOOL NAME _____

Contact Teacher Name _____ Contact Teacher Email _____

School Phone: (_____) _____ Contact Teacher Phone: (_____) _____

Principal _____ Fax Number: (_____) _____

Address _____
Street City State Zip County

STUDENT INFORMATION — Final counts due two weeks prior to your camping date

Boys: _____ # Girls: _____ # Classes: _____ Grade(s): _____ TOTAL # of Students _____

PLEASE SELECT FROM THE FOLLOWING OPTIONS:

\$50 Deposit is required reserve your dates. Please check 1st choice, 2nd choice, 3rd choice. Camp Christopher will make every attempt to assign your first choice.

September 21: _____
September 28: _____
November 2: _____

****Contact Camp Christopher if your preferred dates are not listed****

_____ **HALF DAY of activities (up to 3 hours) - \$20/student**

_____ **FULL DAY of activities (up to 6 hrs) - \$30/student**

_____ **Low Ropes Course (available as a chosen activity with no additional fee)**

_____ **High Ropes Course (only available on select dates; please call for more information)**

_____ **Zipline (additional \$5/student)**

_____ **Hot lunch: \$5/person (student and adult)**

FINAL BALANCES AND TOTAL NUMBER OF STUDENTS ARE DUE TWO WEEKS BEFORE YOUR CAMPING DATE

Signatures Required for Registration

The signatures below indicate that the above named school is aware of the Camp Christopher registration procedure and will attend camp as assigned.

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