



Camp Rockfish Application Summer 2010 Resident Camp



Mail to: 226 Camp Rockfish Rd, Parkton, NC 28371 Attn: Resident Camp Registration
Phone # (910) 425-3529 Fax # (910) 875- 6177 Website: www.camprockfish.org

Campers Name _____ Preferred Name _____ Male__ Female__

Birthday (M/D/Y) _____ Grade entering _____ Age during camp _____

Child's Mailing Address _____ City _____ State ____ Zip _____

Child's Physical Address _____ City _____ State ____ Zip _____
(if different from above)

E-Mail for updated Rockfish information _____

Please Indicate with whom camper lives: __Both Parents __Mother __Father __Guardian
Parents are: __Married __Separated __Divorced __Single __Re-married __Widowed

Mother/Guardian #1 _____ Home Phone (____) _____

Cell Phone #(____) _____ Work Phone# _____

Home Address _____ City _____ State ____ Zip _____

Father/Guardian #2 _____ Home Phone (____) _____

Cell Phone # (____) _____ Work Phone # (____) _____

Home Address _____ City _____ State ____ Zip _____

Emergency Contact (in case we cannot get in touch with parents/guardians)

1. _____ Relationship to camper _____ Daytime Phone #(____) _____
Address _____ City _____ State ____ Zip _____ Work # (____) _____

2. _____ Relationship to camper _____ Daytime Phone #(____) _____
Address _____ City _____ State ____ Zip _____ Work # (____) _____

Have you been to Rockfish day camp before __Yes __No If yes, what years? _____

How did you hear about Rockfish? __Internet __Camp Fair __Friend __Former Camper/Staff
__ Print __Ad __Sibling __Attended __Other _____

I have included the \$100 deposit towards my camper's overall balance.
 I have included the \$100 deposit plus an additional \$_____ towards my camper's overall balance.
 I have included \$_____ towards my camper's store account. **TOTAL (\$):** _____

With registration by mail, we encourage a check payment. However, if needed a credit card payment can be made once forms are received. A Rockfish staff member will contact you for credit card information to complete the registration process.

If you have any questions, our office can be contacted by phone at (910)425-3529 or by email at info@camprockfish.org.

All camp fees are due by June 1, 2010.

Camp Session Sign up

The chart on the following page shows all programs that we have available for the summer. The age categories are as follows: Seekers (entering grades 1-2), Trekkers (entering grades 3-6), Explorers (entering grades 7-9), and Pathfinders (entering grades 10-12).

Within the chart, please check the white box corresponding with the camp of your choice. When turning in this application, please include the \$100 initial deposit. This deposit will go towards your overall camp balance. There is also the option of providing your camper with money for the camp store. When your application and fee have been processed, you will receive a confirmation letter or email including our parent pack and all forms and waivers that will need to be filled out before your camper attends camp. If you have any further questions, please call (910) 425-3529 ext. 26.

All paperwork included in the parent pack is due on registration day for your camp

Camp Registration Chart									
	Weeks								
	June 13 - 19	June 20 - 26	June 27 - July 3	July 4 - 10	July 11 - 17	July 18 - 24	July 25 - 31	August 1 - 7	August 8 - 14
Seekers:									
Traditional				F	F	F			
Mini				F	F	F			
Trekkers:									
Traditional				F	F	F			
Water				F	F	F			
Treehouse				F	F	F			
Night Owls				F	F	F			
Nature				F	F	F			
Explorers:									
Traditional				F	F	F			
Treehouse				F	F	F			
Night Owls				F	F	F			
Water				F	F	F			
Tent				F	F	F			
Survivor				F	F	F			
Pathfinders:									
Traditional				F	F	F			
Tent				F	F	F			
Adventure Quest					F	F			
S.W.A.T.				F	F	F			
W.Y.L.D. Bunch				F	F	F			
Family Camp					F	F			

Chart key:
 A white space denotes an available camp.
 A grey space denotes a week when no camp is available.
 An "F" denotes a full camp.

I verify that all of the above information is true and correct to the best of my knowledge.

Signature _____ Date _____

For office use only: ___/___/___	Balance\$ _____	Date Deposit Received: _____
___paid in full	___Credit Card	___Check # _____
		Date Balance Paid: _____