



Camp Sawtooth

2010 Registration Form

directorscampsawtooth@yahoo.com ~ www.campsawtooth.org

Attend the camp of the grade you will be going into
Fall of 2010. Graduating seniors welcome!

MAIL REGISTRATION TO:

BEFORE MAY 15TH

Camp Sawtooth Office
PO Box 445
Homedale, ID 83628
(208) 337-3364

AFTER MAY 15TH

Camp Sawtooth
HC 64 Box 8290
Ketchum, ID 83340
(208) 726-1155

PLEASE PRINT CLEARLY

Camper Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Cell _____

M/F ____ Age ____ Birthday _____

Grade/Fall '10 _____

Church _____

CABIN MATE (Request One) _____

MEDICAL RECORDS FORM:

A separate medical/parental consent form will be emailed (or mailed if preferred) with the registration confirmation. (These forms **MUST BE FILLED OUT AND RETURNED** at least two weeks before camp attended). All forms are available to download at www.campsawtooth.org.

PARENT/GUARDIAN (Please print)

NAME _____

Email address: (For Confirmation/Medical Form) _____

Mailing Address: (For Confirmation/Medical Form by mail)

Address: _____

City _____ ST _____ Zip _____

PLEASE INDICATE T-SHIRT SIZE

Adult T-shirt size: Small ____ Medium ____ Large ____

X-Large ____ XX-Large ____ XXX-Large ____

REGISTER Before June 1st to save \$20.			Please Check One	
GROUP	DATE	ACTIVITY	Before 6/1/10 FEE	After 6/1/10 FEE
11 th & 12 th	June 20 - 25	White Water Rafting	<input type="checkbox"/> \$280	<input type="checkbox"/> \$300
9 th & 10 th	June 27 - July 2	Trip to Baldy	<input type="checkbox"/> \$245	<input type="checkbox"/> \$265
5 th & 6 th #1	July 4 - 9	Red Fish or Alturas Lake	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260
Deaf Camp 3 rd - 8 th	July 4 - 9	Red Fish or Alturas Lake	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260
7 th & 8 th #1	July 11 - 16	Ice Skating	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260
3 rd & 4 th	July 18 - 21	Swimming	<input type="checkbox"/> \$150	<input type="checkbox"/> \$170
5 th & 6 th #2	July 25 - 30	Red Fish or Alturas Lake	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260
7 th & 8 th #2	August 1 - 6	Ice Skating	<input type="checkbox"/> \$240	<input type="checkbox"/> \$260

PAYMENT METHODS

CREDIT CARD (Payments must be paid in full)
ADD \$5.00 CREDIT CARD PROCESSING FEE

Name on card _____

Visa/MC # _____

Exp Date ____ / ____ Security Code: (3-digit) _____

Visa/MC Amount \$ _____ (add \$5.00 fee)

Signature required _____

CHECK OR MONEY ORDER TO: *Camp Sawtooth*
\$75 deposit required--balance due 2 weeks before camp.

Check/MO Amount enclosed \$ _____ Check # _____

DONATION (tax-deductible) \$ _____ Check/MO/Visa

FOR OFFICE USE ONLY:

PAYMENTS/DATES:

Deposit \$ _____

Camp Sawtooth Scholarship \$ _____

Church Scholarship \$ _____

Balance Due \$ _____

CHURCH SCHOLARSHIP

Church Name _____ Amount \$ _____

Pastor's Signature: _____
(Required)