



Camp Sentinel Summer Program Registration Form

How to register:

Online:
campsentinel.org

-OR-

Mail this form to:
Camp Sentinel
29 Sentinel Lodge Road
Center Tuftonboro, NH 03816

First year? yes

of years previously attended _____

Male Female

Name of Camper

Address

City

State

Zip

Home Phone

Cell Phone

Home Church (if any)

\$ _____

Scholarship amount receiving from home church (if any)

School grade completing in June

____/____/____
date of birth

age

Mother's / guardian's name

Father's / guardian's name

Email address

Roommate request(s)

Program code(s) from website or brochure

Medical or dietary concerns Yes No

Explain: _____

Permission Statement

By registering my son/daughter for camp, Sentinel has my approval and consent to act for me according to their best judgment in and emergency involving my child. I understand that no part of the fee is refundable. I understand that campers will not be permitted to possess or use any tobacco, drugs, alcohol, knives/weapons, cell phones, video games & other electronic devices at camp. Use of these items may cause for immediate dismissal. I give permission to Sentinel to use images of my child for promotional purposes.

Signature of parent/guardian

date

Health form:

A health form will be emailed to you with your confirmation letter. We require that your child have a physical within 12 months. A new health form must be filled out every year prior to attending camp.

Registration fee:

A non-refundable deposit of \$100 per program is due when registering.

Payment:

Be sure to include camper's name and program(s) registered for with all payments. Full payment due June 1st.

Scholarship:

Call (603) 539.4839 for information on camp scholarships and application form. We don't want anyone to miss out on camp because of financial difficulties. Apply early, as funds are limited.

Roommate requests:

Camp administration does its best to honor cabin mate requests.

Questions?

Phone: (603)539.4839 Email: info@campsentinel.org

Payment Method Visa Discover Master or Check # _____

Card Number

Name on Card

Expiration

Sec. Code

Signature

How did you hear about us?

Website Church Friend/Family
Social Media Sentinel Representative

Other: _____