

Attach a recent photo here.

REQUIRED
for Registration

TRIM PHOTO
to fit inside
this box!



Please carefully read the Parent Information on our website, before registering your camper.

2012 CVP Camper Application

554 McCallie Avenue, Chattanooga, TN 37402
After May 30, please mail to: 3216 Lee Pike, Soddy Daisy, TN 37379
(423) 648-7936
www.vesperpoint.org
cvp@vesperpoint.org

CAMPER INFORMATION

Name _____ Age at Camp _____ DOB ____/____/____ Boy Girl

Grade in Fall of 2012 _____ Current School _____ New Camper Returning

T-Shirt Size - Youth: S M L Adult: S M L Religious Affiliation _____

Camper lives with: Both Parents Father Mother Other: _____

Primary Parent: Name _____ Relationship to Camper _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Best Email _____ Church _____

Parent 2: Name _____ Relationship to Camper _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone/Pager _____

Do you plan on picking up your child? Yes No If not, then who? _____

Is there anyone who is prohibited from picking up your camper(s)? _____

CHOOSE YOUR SESSION

- | | | | |
|------------------------------------|--------------|-----------------------|-------|
| <input type="checkbox"/> Session ① | June 11 - 16 | (Rising 6-10th grade) | \$500 |
| <input type="checkbox"/> Session ② | June 18 - 23 | (Rising 4-7th grade) | \$500 |
| <input type="checkbox"/> Session ③ | June 25 - 30 | (Rising 6-10th grade) | \$500 |
| <input type="checkbox"/> Session ④ | July 2 - 7 | (Rising 4-7th grade) | \$500 |
| <input type="checkbox"/> Session ⑤ | July 9 - 14 | (Rising 6-10th grade) | \$500 |
| <input type="checkbox"/> Session ⑥ | July 16 - 21 | (Rising 4-7th grade) | \$500 |

Camp cost includes room and board, canteen snacks, camper T-shirt, cabin photo and all activities except water ski clinic.

Last Name _____

First Name _____

M.I. _____

Session _____

CHOOSE YOUR CLINICS

Campers are assigned two clinic groups that they participate in each morning. These are assigned on a first-come, first-serve basis. Campers will not be assigned duplicate clinics. Final clinic assignments will be sent to campers before they arrive at camp. If they do not get their top choices, most likely, they will have other opportunities during the week to participate in those activities.

Rank your top 6 choices in each group, "1" being the most preferred.

CLINIC GROUP ONE

_____ Arts & Crafts	_____ Guitar & Worship
_____ Baseball/Softball	_____ Kayaking
_____ Blob	_____ Pavilion Sports
_____ Clinic Sampler	_____ Swim & Inflatables
_____ Drama	_____ Volleyball
_____ Frisbee Sports	_____ Water Ski ⚙️

CLINIC GROUP TWO

_____ Arts & Crafts	_____ Fishing
_____ Advanced Tennis	_____ Kayaking
_____ Beginner Tennis	_____ Pavilion Sports
_____ Blob	_____ Soccer
_____ Clinic Sampler	_____ Swim & Inflatables
_____ Dance	_____ Water Ski ⚙️

Visit our website for more information on these clinics

⚙️ **Water Ski Clinic: Additional fee of \$25 required**

OTHER CAMPER INFORMATION

Do any of the following apply to your camper? Homesickness Bedwetting Sleep-walking Behavioral Concerns

Does your child have a chronic condition or illness? Yes No If yes, explain: _____

Does your child have diabetes? Yes No Does your child carry an EpiPen? Yes No

Does your child have asthma? Yes No If yes, explain: _____

Do you have any other concerns (family, physical or activity limitations) that you would like us or your child's counselor to be aware of: _____

PAYMENT INFORMATION

Would you like to order a Camp Video of your Session? Add \$10

\$100 Deposit is required for registration. Remember to include any additional costs (water ski and/or video) to your total cost. Please select one of two methods of payment:

1. **Credit Card:** MasterCard Visa Cardholder's Name _____
 Card # _____ - _____ - _____ - _____ Exp. Date ____ / ____
 Street Address _____ Zip Code _____
 CVV Code _____ (CVV Code is the last 3 digits on back of card) **Payment being made today \$** _____

2. **Check:** **Amount \$** _____ **Check #** _____
 Last name on check if different from Camper: _____

Once you are registered, we will send you an invoice and letter.
 Camp balance should be paid no later than two weeks before your camper's session.

Cabins are assigned according to age, gender and mutual request. Only single mutual requests are guaranteed. You may list **ONE** buddy request. See "Parent Information" for more details. **MY ONE BUDDY REQUEST** _____