



# Winterville Registration

## 1. Select Your Registration:

January 12th-14th, 2024

Price: **\$130.00**

Email [program@laurelville.org](mailto:program@laurelville.org) for the  
AMC discount \$30

## Mail or email completed form to:

Laurelville  
941 Laurelville Lane  
Mt. Pleasant, PA 15666  
[program@laurelville.org](mailto:program@laurelville.org)

## 2. Provide Your Information:

Camper First Name: \_\_\_\_\_ Camper Middle Name: \_\_\_\_\_

Camper Last Name: \_\_\_\_\_ Preferred/Nickname: \_\_\_\_\_

Cabin Friend Request\*: \_\_\_\_\_

\*We cannot guarantee cabin friend requests. Requests only honored if mutually submitted.

Birthday (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female

Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Submit Your Payment:** *A \$50 deposit is required to hold your spot. Full payment is requested before arriving to camp. Cancellations up to two weeks of the start of camp will receive a full refund minus a \$50 cancellation fee. Cancellations after that two-week mark will be non-refundable.*

Check (payable to Laurelville)  Visa  Mastercard  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSC (3-Digit Security Code): \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_