



**Mt. Cross
Ministries**

Day Camp Registration Form

*This form and the deposit must be received in the camp office by May 29, 2024.
No registrations will be accepted after that date.*

Name of Church or Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Name of Day Camp Coordinator : _____

Church Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Pastor of Congregation/Director of Organization: _____

Email: _____ Phone: _____

Requesting Day Camp Team For:	1 st Choice	2 nd Choice	3 rd Choice
Session 1: July 7-12			
Session 2: July 14-19			
Session 3: July 21-26			
Session 4: July 28-August 2			

Anticipated number of participants (completed K – 5th grade): _____

Please note that we cannot accommodate participants outside of this age range, but we are happy to consult with you on how you can run concurrent programs with those children and youth.

Would you like to order T-shirts? Yes No

*Sizes will be ordered at a later date, but are Youth S, M, L and Adult S, M, L, XL, XXL, XXXL
\$12/shirt with the year, theme, and your church name.*

Total # of Shirts _____ *\$12 a shirt = _____

Pricing:

\$2,500 - a day camp team of 2-3 counselors, and up to ~20 campers

\$3,000 - a day camp team of 3 counselors, and up to ~30 campers

\$3,500 - a day camp team of 3-4 counselors and up to ~40 campers

Your Total Price: \$ _____ *0.25 = Deposit Amount: \$ _____

Questions/Additional Notes: _____

Mt. Cross Ministries agrees to provide a team of 2-4 trained staff that will help energize your week of vacation bible school! Our staff will lead engaging bible study, music, games, team building activities and crafts. Mt. Cross agrees to provide transportation to/from your church and the camp as well as transportation to/from your church and the host home. As the congregation, you generously agree to provide space for the day camp to be held, and provide lodging and meals for Mt. Cross staff via host home. If your congregation has more than 30 campers, we require additional volunteers to ensure an adult to camper ratio of 1:10 or less. To fully register your congregation for a day camp, please complete this form and submit the deposit. Thank you for choosing to partner with Mt. Cross Ministries: we look forward to bringing camp to your congregation!

Contact Person's signature: _____ Date: _____

Pastor's/Director's signature: _____ Date: _____

**Please scan and email (or mail) this completed form to: sam@mtcross.org
Please make checks payable to Mt. Cross Ministries
PO Box 387 Felton, CA 95018**