

HOW TO REGISTER:

Pay the full fee to hold your camper's spot at camp plus registration fee. You can register online, by mail, fax (509)467-6289 or phone (USD)

1.800.406.3926

CANCELLATION POLICY

If you need to cancel for any reason, you will receive all your money back in form of a camp credit (excluding the camp registration fee). This credit is transferable to family members and good through the following year.

NBC CAMPS PHILOSOPHY

NBC Camps emphasizes the importance of goal setting, gratitude, positive attitude, integrity, forgiveness, leadership, and a strong personal faith. Camps are founded on Christian principles including a belief in Jesus Christ. Campers from all faiths attend. Every camper is important, one we value and honor. For more information pertaining to NBC Camps philosophy visit the "About" section of our web-site... www.nbccamps.com

REGISTRATION



Camper's Name FIRST _____ LAST _____

Address STREET _____ CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Age _____ Gender M F T-Shirt Size ADULT MALE SIZES
YM YL S M L XL 2XL

Parent Email _____ Camper Email _____

How did you hear about NBC Camps?
 WEB CLINIC COACH EMAIL FRIEND NEWSPAPER ALUMNI RADIO AD OTHER

CAMP INFO

CAMP LOCATION	START DATE		PRICE
#1		<input type="checkbox"/> OVERNIGHT <input type="checkbox"/> EXTENDED DAY <input type="checkbox"/> DAY CAMP/CLINIC	\$ _____ USD
#2		<input type="checkbox"/> OVERNIGHT <input type="checkbox"/> EXTENDED DAY <input type="checkbox"/> DAY CAMP/CLINIC	\$ _____ USD

Roommate Request FIRST NAME _____ LAST NAME _____
 if applicable

PAYMENT

Person Paying FIRST NAME _____ LAST NAME _____

Billing Address (if different) _____

Evening Phone _____ Day Phone _____

Method of Payment Visa MasterCard Check (enclosed)

By providing my payment and credit information, I authorize NBC Camps to charge my credit card for the listed total below.

Credit Card # _____ Expiration _____ CVV Code _____

By submitting this application to NBC Camps, I affirm that I have read and agree to the NBC Camps Cancellation policy and NBC Philosophy. I hereby accept the terms of enrollment described in the magazine. Furthermore, I agree to pay all camp fees and authorize NBC Camps to charge my credit card (if applicable). I grant NBC Camps and its employees or designees the right to photograph or video my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet.

FULL PAYMENT USD \$ _____ Total _____ Signature _____

MAKE CHECKS PAYABLE AND MAIL TO:
 NBC CAMPS 10003 N. Division Suite 100 Spokane, WA 99218 1.800.406.3926 Fax 509.467.6289 www.nbccamps.com

OFFICE USE ONLY: DATE: _____ CK# _____ \$ _____

