

Today's Date

CAMP MARK SEVEN REGISTRATION 2009

Please print and send the form to the address below. No faxes accepted.

Camper First Name Last Name

Circle one: Female Male **Date of Birth:** **T-Shirt Size (Adult):** S M L XL XXL

Parents/Guardian Name(s): E-mail address:

Address: City: State: Zip Code

Phone: Please circle one TTY/Voice/Videophone Fax:

Check Session Applying

Sessions	Dates	Fees	Deadlines
<input type="checkbox"/> Bible Institute	Wednesday, June 17 - Saturday, June 27	\$495.00	May 23, 2009
<input type="checkbox"/> KODA Children at CM7	Sunday, June 28 - Friday, July 10	\$850.00	June 3, 2009
<input type="checkbox"/> KODA Youth at CM7	Sunday, July 12 - Friday, July 24	\$850.00	June 17, 2009
<input type="checkbox"/> KODA MidWest	TBA	TBA	TBA
<input type="checkbox"/> Deaf Youth	Sunday, July 26 - Friday, August 7	\$850.00	July 1, 2009
<input type="checkbox"/> Deaf Children	Sunday, August 9 - Saturday, August 15	\$425.00	July 15, 2009
<input type="checkbox"/> Silent Week	Sunday, August 16 - Saturday, August 22	\$425.00	July 22, 2009
<input type="checkbox"/> Eldercamp	Sunday, August 16 - Saturday, August 22	\$425.00	July 22, 2009

Payment

\$200.00 non-refundable deposit per person required. I understand that the session fees must be paid in full within **25 days prior to the session** the camper is applying to. Camp Mark 7 will refund the remaining session fee if requested before the start of the specific session due to cancellations. Monthly payments plans are accepted as long as they are paid in full within 25 days prior to the session. Personal checks, travelers checks, or major credit cards are accepted.

Please make the check payable to: **Camp Mark 7** and send it to:

September 2008 - June 15, 2009
Camp Mark 7
c/o Registration
PO Box 23054
Rochester, NY 14692

June 15, 2009 - August 2009
Camp Mark 7
c/o Registration
144 Mohawk Hotel Rd.
Old Forge, NY 13420

CHECK TRANSPORTATION IF NEEDED

** Please do not make transportation arrangements until you receive a confirmation letter from CM7.*

Utica Bus/Train Station - \$30.00 round-trip Syracuse Airport - \$40.00 round-trip

Credit Card Type: Number: Expiration Date: Total Fee:
Visa, MC, AmEx, Disc

Signature _____ Print name _____ Date _____

SCHOLARSHIP INFORMATION FOR DEAF AND KODA SESSIONS

Please send me a CM7 and ICDA Scholarship application and sign me up for possible sponsorship from other organizations. Scholarship application DEADLINE: **May 1, 2009.**

A confirmation letter with additional forms will be sent as soon as we receive this registration form and deposit. If you have questions, please email us at: Registration@campmark7.org.