

ADULT REGISTRATION FORM

Name: _____ Email: _____
Address: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Do you have any dietary needs Circle: Diabetic Vegetarian Vegan Celiac/Gluten Free
Allergies/other dietary needs: _____
Housing/other needs Cabin Private Room Lodge Disability Accessible Cabin Electric Scooter
I can sleep on a top bunk Check one: YES NO Roommate preference _____

FEES:

Please bill my congregation for campership funds in the amount of \$ _____
Congregation _____ Authorized by _____
Mission Center Funds \$ _____ Authorized by _____

Mail Registration Form and Payment to:

Sierra Pacific Mission Center
14850 Hwy 4 STE A #253
Discovery Bay, CA 94505

OR

E-mail registration forms to: **amberhernandez24@hotmail.com**

Payment Options: (check 1 below)

_____ Pay by Check: Payable to "Community of Christ"

OR

_____ Pay by Credit Card

Card Type: (circle one) Visa MasterCard American Express Other: _____

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____

CVV Security Code: _____ Zip Code of the Billing Address for the Card: _____

SIGNATURE: _____

OR

_____ Pay on Arrival

Registration for Children

If you are bringing your children, please complete this portion

Parent Name: _____

Child Name _____ Age _____ Child Name _____ Age _____

Child Name _____ Age _____ Child Name _____ Age _____

Dietary needs for your children? Circle: Diabetic Vegetarian Vegan Celiac/Gluten Free

PRIVACY POLICY

We respect your privacy. We protect your personal information and adhere to all requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up-to-date on activities including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts. If at any time you wish your name to be removed, simply contact SPMC office at 800-862-9296, and we will accommodate your request. We ask your permission to use pictures or videos in which you appear in promotional and informational materials. Photo Release: I hereby give consent to and authorize the taking of photographs or videotapes in which I/my children appear to be used in ways that are consistent with the above stated privacy policy:

Signed: _____ Date: _____