



2020 Registration Form

Or sign up online at Impact2818.org to receive confirmation right away!

Camper's name: _____
Your name: _____
Your phone number: C H W (____)____-_____
Your email address: _____
Relationship to camper: _____

- **Registration closes** 1 week before the start of an event. Registrations cannot be processed without payment.
- A parent or legal guardian **must** sign this form in order for the child to be registered.
- You should receive a confirmation letter and med form within 2 weeks of our receipt of this completed form.

Camper Information:

Date of Birth: ____/____/____ Sex: Female Male
Grade in fall 2020: _____ Church name: _____
Street Address: _____ Church city: _____
City, State, Zip: _____ How did you hear about camp? _____
Is there anyone, specifically, to whom this camper should *not* be released? _____

Event Information:

Event type: _____ (ex. Mini, Impact, Express, etc.) Are you using a scholarship? Yes No
Camp site: _____ Scholarship amount? _____ (ex. 33%, \$100, etc.)
Start date: _____ Scholarship/iCash code: _____
*Cost of event: \$ _____ Final cost of event: \$ _____

*Note the post-Early Bird Deadline rate after April 20th.

Roommate Requests:

#1 _____ Please note that no more than 3 *total* campers can be
#2 _____ roommates. Requests exceeding this will not be honored.

Payment Information:

To set up a payment plan, please complete the payment plan section on page 2. *must register at least 7 weeks before event begins

To pay in full now, please fill out the following:

Name on card: _____ Check enclosed: # _____ Amount \$ _____
Card number: _____ - _____ - _____ - _____ Expiration date: ____/____/____ Visa MasterCard Discover
Please charge \$ _____ to the card listed above. Cardholder's signature: _____

In the event of my child's involvement in an emergency while at camp, I understand that every effort will be made to contact me. I hereby give permission for my child to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff. I understand that failing to disclose some medical conditions on the medical form that will follow this registration may result in an inability of the camps to serve my camper/family. I understand that in order to best care for my child, Impact 2818 reserves the right to decline attendance for my child if the Camp Manager believes the camp is not able to provide quality care for my camper regarding disclosed or undisclosed medical or behavioral needs. Also, I understand that pictures/video may be taken of my child at camp and used for publicity purposes by Impact 2818. The signature below represents the legal guardian of the camper and the person ultimately responsible for payment of the above individual. I understand that full payment must be received, or a valid payment plan in place, in order for a registration to become active and a spot held for the camper in the event selected.

Parent/guardian signature: _____ Printed name: _____
Phone number: C H W (____)____-____ Date: ____/____/____



Camper's name: _____

_____ Yes, I will be participating in the payment plan. My information is below.

_____ No, full payment is included on page 1.

Payment Plan Information:

If you wish to make automatic payments, instead of paying in full, you must register at least 7 weeks before the event begins, and complete the form below. The initial deposit varies by event, and will be processed upon receipt of this form in order to activate the registration. If you have any questions, please call (888) 628-2818. If you wish to pay in full, please disregard this page, and see page 1 to pay in full.

Example, \$489 event: If your event's final balance is due May 31, and your registration is entered on February 20, your initial deposit of \$120 will be processed on February 20th. Your after-deposit balance will be divided into three equal payments, occurring automatically on March 20, April 20, and May 20.

Agreement:

I give permission for Impact 2818 to debit the following card or bank account monthly until the event's final balance has been paid. I acknowledge that the initial payment will be processed upon receipt of this form, and future payments will occur beginning the following month.

Please select either a type of bank account or a credit card.

Bank Account

_____ Checking Account #: _____

_____ Savings Routing #: _____ (always 9 digits long)

Account holder's signature: _____

OR...

Credit Card

Name on card: _____

Card number: _____ - _____ - _____ - _____

Expiration date: _____ / _____ Visa MasterCard Discover

Security code: _____

Cardholder's signature: _____

If an automatic payment fails you will be contact via email. You will have one (1) week to correct the error and make the payment. If the payment is not received within one week, the registration will be cancelled. Our standard cancellation policy will apply. You may login to your account at Impact2818.org 24/7 to correct a failed auto-payment, or give the Registration Team a call at (888) 628-2818 Monday - Friday from 8:30am - 4:30pm.

Questions? Go to Impact2818.org or call the registrar's office at (888) 628-2818. Fax (317) 735-4237

Cancellation policy: Call right away if your plans change! Registrations cancelled 2 or more weeks prior to the first day of the event will forfeit a \$75 fee. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's base registration fee. There is a \$15 transfer fee when changing events. Registrations may not be transferred from one camper to another.

See Impact2818.org for details.

Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.