

## REGISTRATION CONTRACT 2018

Registration spots will be confirmed only if **REQUIRED DEPOSIT** and **SIGNED CONTRACT** are returned to Joy El Camps & Retreats.

# Joy El Camps & Retreats

3741 Joy-El Drive, Greencastle, PA 17225 ~ (717)369-4539 ~ Fax: (717)369-2927 ~ [info@joyel.org](mailto:info@joyel.org) ~ [www.joyelcamps.org](http://www.joyelcamps.org)

<b>CHURCH NAME</b>	<b>LEADER'S NAME:</b>		
<b>ADDRESS:</b>		<b>ADDRESS:</b>	
<b>E-MAIL:</b>		<b>E-MAIL:</b>	
<b>PHONE:</b>		<b>PHONE:</b>	

RETREAT	REGISTER BY	STUDENT PRICE	LEADER PRICE
<b>Momentum</b> <b>6<sup>th</sup>-12<sup>th</sup> Grades</b> November 2-4, 2018	Before October 12	\$98.00	\$88.00
	After October 12	\$104.00	\$94.00
<b>Momentum</b> <b>6<sup>th</sup>-9<sup>th</sup> Grades</b> November 16-18, 2018	Before October 26	\$98.00	\$88.00
	After October 26	\$104.00	\$94.00

Early Registration Male Campers _____
Early Registration Male Leaders _____
Late Registration Male Campers _____
Late Registration Male Leaders _____
<b>TOTAL</b> _____

Early Registration Female Campers _____
Early Registration Female Leaders _____
Late Registration Female Campers _____
Late Registration Female Leaders _____
<b>TOTAL</b> _____

Registration TOTAL _____
Total Number of Campers _____
Less \$25 Deposit/Camper
<b>TOTAL</b> _____
Remaining Balance _____

Payment Type:  Check # \_\_\_\_\_  Cash  Money Order  Credit Card: Name as it appears on card: \_\_\_\_\_  
 Card Type: \_\_\_\_\_ Card # \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Payment:**

- The deposit must accompany the returned, signed contract. The deposit will be applied to the final bill.
- Deposit for our group will be due 2 weeks before our selected retreat.
- Registration forms and health forms must be received for each camper Sunday before the event.
- Clearances for each leader must be received Sunday before the event.

**Cancellation:**

- I understand that all registration fees are nonrefundable within 14 days of any event. In the case of cancellation within 14 days due to illness or accident, a written request to transfer fees to another camp event must be submitted within one week of the conclusion of the original event. A note from a physician must be included. Certain restrictions apply and a transfer fee may be charged.

**Policies:**

- We understand it is our responsibility to provide adult leaders with clearances to act as counselors and stay with our campers. (Suggested ratio: 1 same-gender adult to every ten campers.)
- This contract is not binding until a copy bearing the signature of the Joy El representative and the Church representative is on file and the deposit check has been cashed.
- A completed Health Form is required for each camper.

**\*\* TWO SIGNATURES REQUIRED \*\***

<p><b>Group Leader</b>                  Authorized Signature _____                  Title: _____                  Date: _____</p>	<p><b>Church Leader (Pastor or Financial Representative)</b>                  Authorized Signature _____                  Title: _____                  Date: _____                  We have read and agree to the terms and conditions of this contract.</p>
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<p style="text-align: center;"><b>FOR OFFICE USE ONLY</b></p> Date Received: _____ Deposit Amount: _____ Check # _____	<p style="text-align: center;">As the duly authorized representative of Joy El, I sign this contract and confirm this agreement.</p> By: _____ Title: _____ Date: _____
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*Note:* This is a legal business contract and binds the signer and his or her group or organization to the terms stated herein.

Keep one copy for your records and forward all others along with your deposit to **Joy El**.

A copy of this agreement will be signed by a **Joy El** representative and sent to your group leader with a receipt of your deposit.

It is agreed that this agreement is not binding until approved and signed by a duly authorized representative of **Joy El**.