

# SESSION REGISTRATION

DO NOT WRITE IN GRAYED AREAS

## NOTE

### ONE REGISTRATION PER CAMPER

| Program (Please Select One)   | Cost      | Check One                |
|---|-----------|--------------------------|
| Scamp (1st & 2nd Gr) Camp, August 6-7   | \$ 90     | <input type="checkbox"/> |
| 3rd - 5th Grade Camp, August 1-5  | \$245     | <input type="checkbox"/> |
| 6th - 8th Grade Camp, July 11-16  | \$300     | <input type="checkbox"/> |
| 9th - 12th Grade Camp, June 27-July 2   | \$300     | <input type="checkbox"/> |
| <i>NOTE: Appropriate discount will be applied by Gold Coast Christian Camp according to date received in camp office.</i> |           |                          |
| Church Scholarship  | -\$ _____ |                          |

In order to receive proper discount,  
Please fill out entirely  
and turn in with payment to:  
**Gold Coast Christian Camp**  
7495 Parklane Road  
Lake Worth, FL 33449  
561-968-3136  
www.goldcoastchristiancamp.com

Please do not write in this section

Rally Day \$ \_\_\_\_\_

Early-Bird \$ \_\_\_\_\_

Scholarship \$ \_\_\_\_\_

Total Camper Charge \$ \_\_\_\_\_

GCCC STAMP

GCCC STAMP

PLEASE CHECK ONE

- Payment in FULL \$ \_\_\_\_\_
- Non-refundable Deposit - \$25.00

PLEASE CHECK ONE

**Paid by**

- cash  check  credit card

Please fill in  
information below

**Total Amount Paid** \$ \_\_\_\_\_

PLEASE CHARGE MY CREDIT CARD

Visa  Mastercard  \$ \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CVC Code \_\_\_\_\_  
mm / yy 3 digit code

Name on Card \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code

Do not write  
in these spaces

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PLEASE SIGN HERE

