

**Camp Minnesota  
Administrative Office**

122 W. Franklin Ave., Suite 400  
Minneapolis, MN 55404  
Phone: (855) 622-1973 (toll-free)  
Fax: (612) 870-1260  
camps@campminnesota.org



**Director of Camp and Retreat  
Ministries**

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**Camp and Retreat Coordinator**

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**Camp Accountant**

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# CAMP REGISTRATION FORM (SIDE 1)

**Please note:** You may register online at [www.campminnesota.org](http://www.campminnesota.org). Or you may register by mail by completing this form and mailing it and your deposit to: UMC Camping Office, 122 W. Franklin Ave., Suite 400, Minneapolis, MN 55404. Registration also may be faxed to 612-870-1260. Questions? Call toll-free 855-622-1973 or e-mail [camps@campminnesota.org](mailto:camps@campminnesota.org).

## PART 1: CAMPER INFORMATION

Full name: \_\_\_\_\_  
Grade completed as of June 2015 (if under 19): \_\_\_\_\_  
Birth date: \_\_\_\_\_  
 Male  Female  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Camper's e-mail: \_\_\_\_\_

### Please enroll me in

Camp number: \_\_\_\_\_  
Camp name: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Church name (if applicable): \_\_\_\_\_  
Roommate request: \_\_\_\_\_

### Please send ALL my camp materials and information via

Regular mail only  E-mail only  
Preferred e-mail address \_\_\_\_\_

## PART 2: PARENT/GUARDIAN INFORMATION

Guardian full name(s): \_\_\_\_\_  
Guardian 1 work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Guardian 2 work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Signature of parent/guardian (required if under 18): \_\_\_\_\_

## PART 3: CAMPER'S NEEDS

Camper's dietary needs:  None  Yes (Please list): \_\_\_\_\_  
(Examples: food allergies, restrictions, vegetarian, lactose intolerance, etc.)

### Help us understand your camper's needs (disabilities, injuries, health issues, etc.). Check all that apply:

- ADD  Anxiety/depression  Diabetes  Genetic syndrome  ODD
- ADHD  Aspergers  Eating disorder  Physical disability (e.g. Down Syndrome)
- Allergies (seasonal)  Asthma  EBD  Learning disability  RAD
- Allergies (other)  Autism  OCD

**Other info—please attach additional information if needed:** \_\_\_\_\_

# CAMP REGISTRATION FORM (SIDE 2)

## PART 4: CAMP COST AND PAYMENT INFORMATION

**Note: A \$100 deposit is required with registration.**

Cost of camp: \$ \_\_\_\_\_  
Cost after subtracting \$25 for each friend referred\*: \$ \_\_\_\_\_  
Donation to camperships (optional): \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

\*Name of each friend referred: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**Checks:** Make checks payable to Minnesota Annual Conference.

**Credit Cards:** Please complete the information below. Additional payments can be made by calling the Camping Office at toll-free 855-622-1973.

Visa  MasterCard    Card number: \_\_\_\_\_    Exp. date (MM/YY): \_\_\_\_\_  
Amount to charge: \$ \_\_\_\_\_    3-digit verification code \_\_\_\_\_  
(on back of credit card by signature)

Signature: \_\_\_\_\_

## PART 5: CAMPSHIP APPLICATION

It is the position of the Camp and Retreat Board that no potential camper be turned away from having an annual camp experience because of a personal lack of funds. Because of our limited funds, we seek to provide campership grants based on individual and family needs. Our expectation is that your local church, personal funds, and conference support will combine to cover the registration costs. Campers with no connection to a local church may contact the Camping Office for information on support options.

I will need a campership in the amount of \$ \_\_\_\_\_ to go to camp this year. Please send me a campership application.

## PART 6: REGISTER FOR CAMP IN ONE OF THREE WAYS:

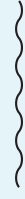
1. Send form to\*: UMC Camping Office  
122 W. Franklin Ave., Suite 400  
Minneapolis, MN 55404
2. Fax form to: (612) 870-1260
3. Register online at: [www.campminnesota.org](http://www.campminnesota.org)

\*Don't forget to send in your \$100 deposit when you register.

### Koronis Ministries

Mike McArthur  
Director

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### Northern Pines Camp

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Director  
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### Kowakan Adventures

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