

CAMP	DATE	COST	TOTAL
<input type="checkbox"/> Art Camp 1 (grades 9–12)	June 27–July 2	\$260	\$
<input type="checkbox"/> Art Camp 2 (grades 9–12)	July 18–23	\$260	\$
<input type="checkbox"/> Automotive Camp (grades 9–12)	June 27–July 2	\$260	\$
<input type="checkbox"/> Aviation Camp 1 (grades 9–12)	July 11–16	\$400	\$
<input type="checkbox"/> Aviation Camp 2 (grades 9–12)	July 18–23	\$400	\$
<input type="checkbox"/> Basketball Day Camp—Elementary Boys (grades 4–6)	June 7–11	\$140	\$
<input type="checkbox"/> Basketball Day Camp—Junior High Men (grades 7–9)	June 28–July 2	\$140	\$
<input type="checkbox"/> Basketball Camp—Senior High Men 1 (grades 9–12)	July 11–16	\$260	\$
<input type="checkbox"/> Basketball Camp—Senior High Men 2 (grades 9–12)	July 18–23	\$260	\$
<input type="checkbox"/> Basketball Camp—Senior High Women (grades 9–12)	July 18–23	\$260	\$
<input type="checkbox"/> Cosmetology Camp 1 (grades 9–12)	June 20–25	\$260	\$
<input type="checkbox"/> Cosmetology Camp 2 (grades 9–12)	July 11–16	\$260	\$
<input type="checkbox"/> Criminal Justice Camp (grades 9–12)	June 20–25	\$260	\$
<input type="checkbox"/> Culinary Arts Camp (grades 11–12)	July 11–16	\$300	\$
<input type="checkbox"/> Debate Camp (grades 9–12)	July 25–30	\$260	\$
<input type="checkbox"/> Drama Camp 1 (grades 9–12)	June 20–25	\$260	\$
<input type="checkbox"/> Drama Camp 2 (grades 9–12)	July 11–16	\$260	\$
<input type="checkbox"/> Drama Camp 3 (grades 9–12)	July 25–30	\$260	\$
<input type="checkbox"/> Media Camp (grades 9–12)	June 20–25	\$260	\$
<input type="checkbox"/> Music Camp (Junior—grades 5–8) <input type="checkbox"/> Band (Grades 6–8) Instrument: _____ <input type="checkbox"/> Piano <input type="checkbox"/> String Orchestra: <input type="checkbox"/> violin <input type="checkbox"/> viola <input type="checkbox"/> cello <input type="checkbox"/> bass	July 11–16	Day Camp \$200 Overnight \$300 (grades 7–8 out-of-town campers only)	\$
<input type="checkbox"/> Music Camp (Senior 1—grades 9–12) <input type="checkbox"/> Band Instrument: _____ <input type="checkbox"/> Piano <input type="checkbox"/> Harp <input type="checkbox"/> Organ (<input type="checkbox"/> lever <input type="checkbox"/> pedal)	July 18–23	*\$300	\$
<input type="checkbox"/> Music Camp (Senior 2—grades 9–12) <input type="checkbox"/> Piano <input type="checkbox"/> Handbells <input type="checkbox"/> String Orchestra: <input type="checkbox"/> violin <input type="checkbox"/> viola <input type="checkbox"/> cello <input type="checkbox"/> bass <input type="checkbox"/> Mixed Chorus: <input type="checkbox"/> soprano <input type="checkbox"/> alto <input type="checkbox"/> tenor <input type="checkbox"/> bass	July 25–30	*\$300	\$
<input type="checkbox"/> Instrument Rental: Harp Rental: <input type="checkbox"/> lever <input type="checkbox"/> pedal		\$10 \$75	\$
<input type="checkbox"/> Private Lesson Fee (Senior Music Camp only) Voice part or instrument: _____		\$15	\$
<input type="checkbox"/> Soccer Day Camp—Elementary Boys (grades 4–6)	June 14–18	\$140	\$
<input type="checkbox"/> Soccer Day Camp—Junior High Men (grades 7–9)	June 21–25	\$140	\$
<input type="checkbox"/> Soccer Camp—Senior High Men (grades 9–12)	July 25–30	\$260	\$
<input type="checkbox"/> Volleyball Camp—Senior High Women (grades 9–12)	July 25–30	\$260	\$
ADDITIONAL FEES			
<input type="checkbox"/> Saturday early arrival (only permissible on basis of flight arrangements)		\$30	\$
<input type="checkbox"/> Late departure (not available the last week of camp)		\$30	\$
<input type="checkbox"/> Weekend accommodations (for campers attending consecutive weeks)		\$50	\$
DISCOUNTS			
<input type="checkbox"/> Two or more from same household (\$10 off per camper)			–\$
<input type="checkbox"/> Early registration, postmarked by April 30 (\$10 off per camp)			–\$
<input type="checkbox"/> Multiple camps (\$10 off per camp)			–\$
<input type="checkbox"/> *Senior Music and Senior High Sport <i>day camp option</i> (\$100 off per camp)			–\$
TOTAL (\$50 per camp deposit required; balance due upon arrival)			\$
DEPOSIT ENCLOSED			\$

Mr./Miss _____
LAST FIRST MIDDLE

Nickname _____

Address _____

City _____ State ____ ZIP _____

Home phone _____ E-mail _____

T-shirt size S M L XL XXL

Grade as of September '10 _____ Age _____ DOB _____

Arrival date _____

Departure date _____

Airport shuttle? Arrival Departure

Roommate request _____
(Only one request; requests must be mutual)

Parents' names _____

Father's work phone (____) _____ – _____

Mother's work phone (____) _____ – _____

Please indicate which camp(s) you will be attending to the left.

Registration will close 10 days prior to the beginning of each camp.

Cancellations Payment will be refunded only if cancellation is received 10 or more days before the beginning of the camp. There is no refund for cancellations made after the 10-day notice period has expired. If the requested camp is full, we will issue a complete refund or place your name on a waiting list.

Payment Method

Check (payable to BJU) Discover Visa MasterCard

Nonrefundable, nontransferable (\$50 per camp deposit required):

\$ _____ Exp. date _____

Card # _____

Name as printed on card _____

Signature _____

NOTE: This registration form will not be processed unless the required medical release form (on the other side) is completed and signed.

Please Return to Guest Services,
Bob Jones University, 1700 Wade Hampton Blvd., Greenville, SC 29614

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Medical Release:

My child has no physical conditions which will keep him/her from participating in the full range of activities being planned. I authorize the sponsors of this camp to act for me according to their best judgment in any emergency requiring medical attention. If medical attention is advised by the camp sponsors but upon parental notification that treatment is refused, I understand that my child will not be permitted to remain at camp. I also understand that the University is not responsible for any expense incurred because of any injury or illness.

Camper's name _____
LAST FIRST MI

Name of responsible party _____

Insurance provider _____

Insurance company phone _____
(____) _____ – _____

Policy number _____

Signature of responsible party _____

Please list any medical conditions of which we should be aware:

FOR OFFICE USE ONLY

date _____ by _____ \$ _____

cc ck# _____ name _____

____ im ____ conf ____ ptsig ____ wl ____