

Additional forms available to download online at www.driftcreek.org Today's date: _____

Camper Name _____

Address _____

City/State/Zip _____

Parent email _____

Cabin friend request (list 1-2 names) _____

Church _____ Birth date _____

Current grade as of May 2026 _____ Gender: _____

First time camper at Drift Creek Camp,

Check box for camp week:

Buddy Camp, June 12-14, \$295;

Adult attending _____ Relationship _____

Grades 3-4, June 14-19, \$400 Grades 9-12, June 21-26, \$450

Grades 7-8, June 28-July 3, \$400 Grades 5-6, July 5-10, \$400

\$ _____ Camp cost (add \$25 after June 1st)

\$ _____ Tax-deductible donation to help DCC cover food costs

less \$ _____ Discount (explain) _____
No discounts after May 31, 2026

less \$ _____ Enclosed (a \$50 non-refundable/non-transferrable deposit required)

\$ _____ Balance due at camp

Please charge my credit card \$ _____ To help DCC, please consider paying by check.

Visa Card Number: _____

MasterCard Exp. Date _____ CCV _ _ _

Discover Billing Zip Code _____

Signature _____ today's date _____

Parent/Guardian Name _____

Contact Phone _____ Alternate Phone _____

Insurance Name _____

Policy # _____

Physician Name _____

Physician Phone _____

Current Tetanus (please get a tetanus before camp if not within past 10 years)

Allergies or Dietary restrictions _____

Physical/Behavioral/Emotional Support needed. Please attach details/instructions for supports/restrictions needed to ensure a positive camp experience

Approval is given by the parent/guardian for the camper named above to participate in Drift Creek Camp (DCC) activities except as indicated. I authorize DCC staff to approve and obtain medical attention necessary for the health and safety of the camper as ordered by professional medical personnel with the understanding that all reasonable attempts have been made to contact the parent/guardian except in the case of minor illness and/or first aid. Photographs and information of camper may be used in camp promotional publications without further consent. I understand that if my child needs to be sent home, I am responsible for providing transportation.

Signature of Parent/Guardian _____

As a camper, my responsibilities include:

- 1. Be respectful of other campers and staff.
- 2. Treat the natural surroundings and camp facilities with respect.
- 3. Use appropriate language.
- 4. Avoid public displays of affection.
- 5. Dress modestly.
- 6. Leave all candy, gum, electronic devices, knives and pranking supplies at home.

I understand that disregarding camp policies will result in being sent home.

Signature of Camper _____

Drift Creek Camp is a Christ-centered ministry of the Mennonite Camp Association of Oregon, Inc

Return Form to: Drift Creek Camp • PO Box 1110 • Lincoln City OR 97367

Telephones: Camp 541-264-5067 / Office 971-600-1244

Email: info@driftcreek.org

Registration

Medical

Acknowledgement