

# 2021 Mount Oak Camp Registration

## Camper Information:

Name: \_\_\_\_\_ Home Church: \_\_\_\_\_  
(First) (Last)

Birthdate: \_\_\_\_\_ Gender: M F School grade in fall 2021: \_\_\_\_\_

Student email: \_\_\_\_\_ Student phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent Information (please list parents in order they should be contacted):

Parent #1 Name: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_ Parent email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_ Parent email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other people who may pick your child up from camp, who may be also contacted in an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you, the parent, understand that your camper may be sent home for any inappropriate contact or behavior with another camper or counsel Yes No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2020 Mount Oak Camp Registration

## Weeks attending (Check all that apply):

- June 21- 25  
 June 28- July 2  
 July 5 – 9  
 July 12 – 16

Total weeks attending: \_\_\_\_\_

## Weekly fees:

Camp	\$125	x # of weeks =	_____
Before Care	\$20	x # of weeks =	_____
After Care	\$20	x # of weeks =	_____

**Total Due =** \_\_\_\_\_

## Deposit:

One week of camp fees **-Deposit:** \_\_\_\_\_

**Remaining Balance =** \_\_\_\_\_

**Payment Information:**  Check payable to Mount Oak UMC

Mail to 14110 Mount Oak Road  
Mitchellville, MD 20721

Payment online at <https://www.mtoak.org/give/>

Or scan this QR code.



For more information contact:

Rev. Keith Butler, Camp Director  
Mount Oak Fellowship of the UMC  
camps@mtoak.org  
301-249-2230  
14110 Mount Oak Rd  
Mitchellville, MD 20721