

**BISHOP STONEY CAMP & CONFERENCE CENTER**  
**2010 Grace Camp Registration Form**

Camper's Name: \_\_\_\_\_

Grade just finished: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Street: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Home church and city: \_\_\_\_\_

Name of Organization that referred you \_\_\_\_\_

Name of person who referred you \_\_\_\_\_ phone \_\_\_\_\_

Does this camper have any exceptional needs? \_\_\_\_\_

\_\_\_\_\_

Tee Shirt size (check one) \_\_\_child S \_\_\_child M \_\_\_adult S \_\_\_adult M \_\_\_adult L \_\_\_adult XL \_\_\_adult 2XL

Roommate preference if any? \_\_\_\_\_

My child has permission to take part in all camp activities and I will not hold Camp Stoney responsible for accident claims and damages arising therefrom. I authorize Camp Stoney to take such actions as seemed necessary for the care, welfare, and health of my child including the giving of consent for medical treatment. I also give Camp Stoney permission to use any photograph or video of my child taken at camp in future promotional materials including the camp web site.

Date: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

**MAIL TO: CAMP STONEY, 7855 OLD SANTA FE TRAIL, SANTA FE, NM 87505**  
**PHONE: 505-983-5610 FAX: 505-216-0706**