

IHOP ATLANTA ENCOUNTER TEEN CAMP

2011 ENCOUNTER TEEN CAMP REGISTRATION PACKET

Dates

July 24th-29th

Send the Registration Packet to:

IHOP-Atlanta
1625 Collins Hill Rd
LAWRENCEVILLE, GA 30043
ATTN: Encounter Camp '11
*Postmarked by July 11, 2011

Registration Process

Encounter Teen Camp is open to teens between the age of 13 and 19. Space is limited. We require that you send in the application and \$50 non-refundable deposit together in one packet.

Make checks payable to the International House of Prayer of Atlanta (IHOP-ATL) with ETC and teen's name in the memo.

Cost Information

The \$50 non-refundable deposit per teen required with registration is applied towards the tuition.

Early Bird Special - Before June 6th

Cost: \$245 if you sign up by June 6th (including the \$50 non-refundable deposit)

Cost: \$225 for additional teens from the same family

Post June 6th

Cost: \$295 per teen (including the \$50 non-refundable deposit)

Cost: \$265 for additional teen from the same family

The rest of the cost of camp will be due July 13th

Registration & Camp Information

- To view the most current and complete registration information and camp information, please visit us online at www.ihop-atlanta.com and click on the events tab and look for Encounter Teen Camp.
- We will confirm your registration by email.
- ETC is an **unplugged camp**
 - No cell phones
 - No internet access
 - No iPods or MP3 devices

ETC is dedicated to calling teens to unplug from the world and spend a part of their summer radically pursuing Jesus with a group of like-minded comrades. Encounter Camp will have the availability of a phone number that will permit access to campers in case of an emergency. The emergency phone number will be posted prior to the start of camp and available at registration.



GENERAL INFORMATION - PART A

Full Name: _____

Name You Go By: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Your Email Address: _____

Parent's Email Address: _____

Home Phone: _____ Cell Phone: _____

Birthdate _____ Age _____ Grade _____ Gender [] M [] F

T-Shirt Size (circle one): S M L XL XXL

Emergency Contact Information (In case of emergency, two alternative contacts, other than parents)

Contact 1: _____ Relationship: _____ Cell Phone: _____

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HEALTH FORM - PART B

Insurance (REQUIRED) & Physician

Travelers or student insurance must be purchased prior if your teen is not normally insured.

Insurance Company _____ Policy holder's name: _____

Policy number: _____ Insurance Phone Number: (_____) _____

Physical Restrictions/Allergies _____

Medications: _____

