



Camp & Retreat Ministries of Oregon-Idaho
Camp Hope Registration Form

Name _____

Date of Birth _____ Male Female

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Other phone _____

Email _____

Local Church Name _____ Local Church City _____

Roommate: *If desired, give the name of one person with whom a camper wishes to share a cabin.
This must be a mutual request.* _____

The cost for this session is \$609. A \$75 non-refundable deposit is required at the time of registration. Camperships are available; please visit our website www.gocamping.org/campership or contact the camping office for more information.

By registering for this event, I have read and understand the policies of the Camp & Retreat Ministry as found on their website at **gocamping.org**. I recognize and acknowledge that camp/retreat activities can involve certain hazards, including, but not limited to illness, injury and accidents, and I hereby release the Camp and Retreat Ministries, The Oregon-Idaho Annual Conference of the United Methodist Church and the Episcopal Diocese of Oregon from liability.

Make checks payable to:
Camp and Retreat Ministries

Send registration to:
Camp Registrar
1505 SW 18th Avenue
Portland, OR 97201

For more information or to pay by credit/debit card, contact the registrar in the camping office: (503) 802-9214 or registrar@gocamping.org