

# IHOP ATLANTA ENCOUNTER TEEN CAMP

*2010 ENCOUNTER TEEN CAMP REGISTRATION PACKET*

## Dates

June 27th-July 2nd

## Send the Registration Packet to:

IHOP-Atlanta  
1625 Collins Hill Rd  
LAWRENCEVILLE, GA 30043  
ATTN: Encounter Camp '10  
\*Postmarked by June 15, 2010

## 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. There is a \$50 sibling discount for each additional teen in the same family.

Cost: \$275 per teen (including the \$50 non-refundable deposit)

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

## Registration & Camp Information

- To view the most current and complete registration information and camp information, please visit us online at [www.ihop-atlanta.com](http://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: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## 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: \_\_\_\_\_

