

- Mr.
- Mrs./Ms./Miss (please circle)
- Dr. - MD/DDS/OD (please circle)
- Rev./Pr. (please circle)

**-61st Annual JEMS MOUNT HERMON SUMMER CONFERENCE-
ADULT/FAMILY CONFERENCE June 27 - July 3, 2010
(One Card per Adult or Child) Registration Deadline May 1, 2010 After May 1st add \$25**

FOR OFFICE USE ONLY

Amt \$
Check #

Amt. Due \$

Confirm date:
Confirmation sent Y N

Cabin:
Waiting list date:

ROLL CALL
 PRESENT
Arrive date:
First meal:
Last meal:
Depart date:

NO SHOW
Cancel date:
Refund Amt \$
Date refund sent:
Refund check #
Check to:

_____ M F
Last Name First Name

Address _____
Street City State Zip

() _____ E-Mail _____ First Timer Y N
(please circle) Cell/Home Phone Please PRINT clearly

Church _____ Please Send: Bus Registration (SoCal only) Map to Campground
Name City

ADULTS-English (Nichigo please use separate card) AGE GROUP: 20-35 36-45 46-65 Senior Age _____
 Recently Married (7yrs & under)-no children Recently Married (7yrs & under)-w/children Single (single parent divorced widowed)

Fees per Person	ADULTS	
	<input type="checkbox"/> \$577- Economy (linens, NO housekeeping)	<input type="checkbox"/> \$766- Standard (linens, limited housekeeping) <input type="checkbox"/> \$948- Deluxe (Daily linens, limited housekeeping)
	<input type="checkbox"/> Private Rental/Motel (by preference/overflow) Includes all meals, program & insurance, but no towels/linens. Deluxe rate fees must be sent with registration.	
YOUTH <input type="checkbox"/> \$110 0-3 years <input type="checkbox"/> \$248 4-12 years Age _____ Birth date _____ Grade in Fall '10 _____ <input type="checkbox"/> \$9 CAMP PHOTO <input type="checkbox"/> \$25 LATE FEE (after May 1 st) TOTAL ENCLOSED \$ Make checks payable to JEMS		

Receipt of registration will be mailed to you at a later date. Individuals or Non-Couples will be housed 3 or more per unit

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PLEASE READ CAREFULLY & NOTE NEW CHANGES TO REGISTRATION

VALID & COMPLETE registration form must be accompanied with FULL PAYMENT, signed and mailed to JEMS MOUNT HERMON 948 E. Second St. Los Angeles, CA 90012. Incomplete forms will be returned without processing.

DEADLINE: postmarked no later than May 1, 2010. After deadline, add \$25 per person. All camps start on Sunday with registration between 2 - 5pm. Conference ends Saturday around 12 noon. Please notify us if you plan on arriving AFTER 5pm on Sunday June 27th.

ACCEPTANCE INTO CAMP is on a first-come basis, no exceptions. Full-time registrants will be given first priority. Notification of acceptance is receipt of guaranteed accommodations. Please remember that we are not responsible for the condition of your accommodations or the conference grounds.

REFUNDS/CANCELLATIONS: All cancellations are subject to a non-refundable processing fee of \$25/person up to Friday, May 14, 2010 at 5:00pm. After which the fee increases to \$50 per person. (Notification of cancellation must be made directly to the JEMS office by letter, fax or e-mail **by Mon. June 21st, 5:00pm after that date no refund will be given.**)

TRANSPORTATION: Bus rides to camps from Southern California and return are available. Limited shuttle service from San Jose Airport to Mount Hermon is available between 1:30 & 4:00pm with a possible nominal fee. Pick up arrangements must be made through the JEMS office by June 1, 2010 with complete flight information.

PARENT/GUARDIAN PERMISSION: (Required for conferees under 18 years of age) As the parent/guardian of camper, I hereby grant permission for attendance and authorize JEMS camp staff to make any necessary decisions in case of unruly conduct and/or medical emergency. I will be responsible for any expenses incurred, including medical & transportation costs. I also voluntarily release & discharge & will indemnify, defend and hold harmless JEMS, its directors, officers, employees, or agents (collectively "JEMS Parties") from any injury or damage to said person or property due to negligence, carelessness, or any other cause.

Signed _____ Date _____

CAMPERS COMMITMENT: I agree to abide by camp regulations and participate in the entire program. I understand that this is a camp with Christian standards and that the camp administration/JEMS staff reserves the right to dismiss anyone who does not comply. Expenses for this will be charged to me, my parents or guardian.

Signed _____ Date _____

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JEMS Mount Hermon Summer Conference Conferee Health History Form for June 27 - July 3, 2010

Name

Physician's Name/Phone

Emergency Contact/Relationship/Phone

For those over age 18 only: <input type="checkbox"/> I decline to provide the requested health information.	
Signature _____	Date _____

Describe any health conditions that require medication (please list), treatment, or special restrictions. Please use the back if necessary or write "none" if this does not apply.

Describe any allergies, dietary restrictions or physical restrictions that may affect you during the conference week. Please use the back if necessary or write "none" if this does not apply.