

Online registration is now available at
www.camparrowhead.net, or complete and mail this form.

CAMP ARROWHEAD REGISTRATION FORM

Registrar: Debbie Simms, P.O. Box 625, Lewes, DE 19958
302-645-5348 • E-mail: debbiesimms@camparrowhead.net
Checks payable to Camp Arrowhead

(Please print or type)

Camper's Last Name _____ First _____ Middle _____

Birth Date ____/____/____ Age ____ Grade next fall ____ Sex ____

Mailing Address: _____

Street

City

State

Zip

Previous Camper? Y ____ N ____

Parent or Guardian Name _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

email _____

Denomination _____

Parish _____

☐ Episcopal Diocese of PA

☐ Financial Aid Information Requested: *Requests must be received with registration form and deposit by May 1*

\$100 deposit per camper per session is required for residential camp at time of registration. One form per camper. Please request additional forms if needed.

Parent or Guardian's Signature: _____

By signing the registration material, parent or guardian agrees to the use of the camper's photos in Camp Arrowhead promotion materials including our web site. I have also read and reviewed the information in the brochure. In addition, I give my child permission to be transported to and attend camp events held off site as required by the program.

TASTE OF CAMP

TOC ☐

HOMESTEAD PROGRAM

Session 1 ☐

Session 2 ☐

Session 2H ☐

Session 3 ☐

Session 4 ☐

Session 5 ☐

PIONEER PROGRAM

Session 1 ☐

Session 2 ☐

Session 3 ☐

Session 4 ☐

Session 5 ☐

PATHFINDER PROGRAM

ADVENTURE PATHFINDER

Session 2A ☐

Session 3A ☐

Session 4A ☐

Session 5A ☐

SAILING PATHFINDER

Session 2S ☐

Session 4S ☐

DAY CAMP PROGRAM

A. ☐

B. ☐

C. ☐

D. ☐

E. ☐

F. ☐

***If your session of choice should not be available check waiting list box or enter an alternative session choice.

Waiting List: ☐

Alternate Session _____