

Cabin Mate Request
(Only ONE Please)

Friend's Name

Tanako Registration Form

4301 Highway 290
Hot Springs, AR 71913
(501) 262-2600

For Office Use ONLY

Cabin # _____

Date Received: _____

Online registration available at www.tanako.org

See Registration Procedures before completing this form. **Make checks payable to Camp Tanako.** Provided space is available, a \$50 registration fee sent with this registration form will secure your place at camp. The **full amount** must be in the Camp Office by the deadline date (posted in the brochure and online). A late fee of \$20 will be charged to all registrations postmarked after the deadline. Register early—camps are filled on a first come, first serve basis.

PLEASE PRINT LEGIBLY.

Camper Name (as it should appear on nametag): _____

Date of Birth: _____ Age at Camp: _____ Camper Gender: _____

Camper Grade Level in Fall 2010: _____

Church Attending: _____

Address: _____

Session Attending: _____

Session Dates: _____

Work Phone: _____

Home Phone: _____

Emergency/Cell: _____

E-mail address: _____

Any special needs for an active camp life?

(Allergies) _____

(Foods) _____ There will be an additional charge for non-medical dietary requests.

(Other) _____

I have read and understood all of the procedures regarding registration, refunds, operating policies, horseback riding, camper and group assignments, and health information.

Required Parent/Guardian Signature

I give permission for photos and videos of my child to be used for Tanako promotional materials.

Parent/Guardian (Signature **Required**) _____ Date _____

Parent/Guardian (Print Name Please) _____

Camper Fees \$ _____

BRING-A-FRIEND DISCOUNT!

Family Discount* 0% 10% 20% 30%

For each friend that comes to Tanako who has never been before, you can receive a \$25.00 discount off of your fee. Make sure you both let us know when you register.

*Please attach a list of campers in household.

Horseback Riding \$ _____

Tanako Bucks # _____ @ \$.75 ea. _____

Total \$ _____

Check # _____



Tanako now accepts payments by Visa or Mastercard.

Card Holder Name _____

Signature _____

Card Number _____

Phone Number _____

Billing Address Zip Code _____

Expiration Date _____

*A receipt may be provided upon request.