

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

60th Annual JEMS MOUNT HERMON SUMMER CONFERENCE

ADULT/FAMILY CONFERENCE June 21 – 27, 2009

(One Card per Adult or Child) Registration Deadline May 1, 2009 After May 1st add \$25

_____ 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"/> \$527- Economy (NO linens, NO housekeeping)	<input type="checkbox"/> \$716- Standard (linens, limited housekeeping)	<input type="checkbox"/> \$899- 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"/> \$106 0-3 years <input type="checkbox"/> \$238 4-12 years Age _____ Birth date _____ Grade in Fall '09 _____			
<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
 Please carefully read and complete all information on reverse side.

PLEASE READ CAREFULLY

Valid registration must be accompanied with FULL PAYMENT, signed and mailed to JEMS MOUNT HERMON CONFERENCE 948 E. Second St. Los Angeles, CA 90012

DEADLINE: postmarked no later than May 1, 2009. 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 21st.

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 8, 2009 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 15th, 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 6/1/09 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 _____ Emergency Phone (_____) _____

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 _____

I WOULD LIKE TO VOLUNTEER MY SERVICES AS: a seminar provider a small group leader a transportation provider a pianist/organist

JEMS Mount Hermon Summer Conference

Conferee Health History Form for June 21—27, 2009

Name _____

Physician's Name/Phone _____

For those over age 18 only: 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.

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: _____