Adventure Quest 2010 Individual Registration

Register online at www.doerivergorge.com, or complete and return this form along with your deposit to:
Doe River Gorge P.O. Box 791 Elizabethton, TN 37644 or Fax to 423-725-3719

HOUSEHOLD INFORMATION: (Parent(s) at same residence as student)

Father's Name: Mr./Dr. _____

Mother's Name: Ms./Mrs./Dr. _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____-_____-_____ His Day Phone:_____-_____-_____ Her Day Phone:_____-_____-_____

Preferred Number to call with questions: His/Her/Home **EMAIL:** _____

REGISTRATION INFORMATION:

Student Name(s)	M/F	Birthdate	Grade Entering in Fall of '10	Dates	Track Choice	Housing Choice
_____	_____	__/__/__	_____	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____	_____
_____	_____	__/__/__	_____	_____	_____	_____

*In case the track or housing selection for the session you have chosen is full, please check one of the following options:

O Place my student in an alternate track or housing
O Consider changing sessions to get the first track of my choice
(if you check here you will be contacted by Doe River Gorge)
O Place my student on the waitlist

Roommate Request: _____
You may only request ONE roommate. To ensure placement with your requested roommate, each participant must request each other for the **same session, same track**, and **same housing.**

What prompted you to register for *Adventure Quest 2010?*

O Website O Radio O Brochure O Print Advertisement O Email Announcement
O Friend/Relative O Homeschool Newsletter O MySummerCamps.com
O Church O *Adventure Quest* Video O Doe River Mailing O Other _____

PAYMENT INFORMATION:

O MasterCard O Visa O Discover O American Express _____-_____-_____-_____ Exp.___/___

Cardholder's Name: (Please print) _____

O Electronic Funds Transfer from checking account (EFT):

Bank Name: _____

9 Digit Bank Transit/Routing Number: ___ ___ ___ ___ ___ ___ ___ ___ ___

Bank Account Number: _____

O Check * If you choose to send a check to apply, we will use the information on your check to process the balance due as an EFT on or after May 1, 2010. If payment is received before May 1, the automatic payment process will not apply.

PAYMENT AUTHORIZATION: *(A $100 per student non-refundable deposit is required to register)*

I authorize the following payments:

Doe Bucks Spending Money	$_____
Adventure Quest DVD	$_____ ($20 each)
Adventure Quest Payment	$_____ (minimum $100 per student registered; **payment in full preferred**)
Today's Total Payment:	$_____

PROMO CODE: _____ (if applicable)

Signature:_____ Date: _____/_____/_____

(Signing above authorizes automatic payment process if other form of payment is not received by May 1, 2010)