

Mountain T.O.P.

2018 Youth Summer Ministry Registration

Payment Schedule

Early Registration for Group	1 st Payment per person	2 nd Payment per person	3 rd Payment per person	Final Payment per person	Total Cost per person
\$200	\$55	\$80	\$155	\$105	\$395
Sept 1 st - Dec 1 st	Dec 1 st	Jan 8 th	March 2 nd	May 4 th	

Financial Guidelines

- ❖ If all stated deadlines are met, the participant fee is \$395
- ❖ This fee includes all meals, lodging, project materials, programming, and camp staffing.
- ❖ The Early Registration will be applied to the 1st payment. **It is non-refundable.**
- ❖ You will not receive a payment invoice until the Dec. 1st first payment date.
- ❖ The first payment is 75% refundable up to the January 8th second payment date.
- ❖ The second payment is 50% refundable up to the March 2nd third payment date.
- ❖ The third payment is 25% refundable up to the May 4th final payment date.

**** The financial guidelines have been developed in order to operate responsibly and make decisions as far as staffing, open facilities, food purchasing, etc., in a timely manner.***

Paperwork Schedule

- ❖ Registration Form due with Early Registration Payment or by Dec 1st with 1st payment. First come, first serve.
- ❖ Invoices – due with payments on Dec. 1st, Jan. 8th and March 2nd. *You will be invoiced by email prior to payment due dates.*
- ❖ Final Invoice, Confirmed Roster, and Adult Self-Screening forms – due with final payment May 4th.

Participation Requirements

- ❖ The week is from 12PM CT on Sunday to 10AM CT on Saturday, no exceptions.
- ❖ Only youth going into eighth grade or at least 13 years old may participate.
- ❖ There must be a ratio of at least one adult (25 years and older) for every 5 youth.
- ❖ Service Project: One vehicle (7 seat belts) for every 7 participants.
- ❖ Day Camp: One vehicle (12 or 15 seat belts) for every 7 participants.
- ❖ Day Camp: No more than one-third of a group can serve with Day Camp.
- ❖ Any group with forty or more participants at the time of Final Payment may be split between two camps.

Church Information

Church Name _____
Address _____ City _____ St _____ Zip _____
Phone _____ Church email _____

Contact Person Information

Name _____ Title (i.e. pastor, member) _____
Address _____ City _____ St _____ Zip _____
Daytime Phone _____ Email _____

PROGRAM: (check one) Service Project Only Service Project & Day Camp Day Camp Only

Camp Locations: Cumberland Pines (Altamont) – SP & DC, Camp Baker Mountain (Spencer) – SP only

**Mountain T.O.P. assigns camps. Camp Locations are listed for your information.*

**Day Camp is at Camp Cumberland Pines*

CAMP DATES (Please indicate 1st, 2nd, and 3rd choices)

Week 1: June 10 - 16 (DC offered) _____ Week 2: June 17 – 23 (DC offered; SS) _____
Week 3: June 24 - 30 (DC offered) _____ Week 4: NO YSM _____
Week 5: July 8 – 14 (DC offered; SS) _____ Week 6: July 15 - 21 (DC offered) _____
Week 7: July 22 - 28 (DC offered) _____

Safe Sanctuary: By checking this box, my church must follow Safe Sanctuary guidelines.

Week 2 and Week 5 will be **Safe Sanctuary weeks that follow the full guidelines. Every church that wants to participate in these weeks must bring one adult that is at least 25 years old and a second adult that is at least 22 years old for every five youth. Depending on interest in these weeks, Safe Sanctuary may be at one camp or for both camps. **If you do not meet the required guidelines for Safe Sanctuary we will have to work with your group to move to a non Safe Sanctuary week or camp.***

Total Participants (most accurate & precise estimate to date): _____

(**Week 5 ONLY**) We have youth 17 & older who would like to participate in AIM MHR/Quest
Of Youth participating (most accurate estimate to date): _____

Past Experience

Has your church attended a Mountain T.O.P. camp week before? YES NO
If so, how many years has your church attended Mountain T.O.P.? _____
If so, which location did your church attend in 2017? _____ 2016? _____

COVENANT FOR PARTICIPATION

In submitting this registration form, we have read and will accept the conditions explained in the Registration Information sheet. This included payment schedule, financial guidelines and participation requirements.

Contact Person

Print Name _____ Signature _____ Date _____

Senior Pastor

Print Name _____ Signature _____ Date _____

Please mail registration form and check to: Mountain T.O.P. ■ P.O. Box 128 ■ Altamont, TN 37301
If you have any questions, please do not hesitate to check our website, www.mountain-top.org, call us at (931) 692-3999 or email Rachael@mountain-top.org.

Mountain T.O.P. use only: Postmark: _____ Initial: _____ Pmnt: _____