

2027 ACA, New England Camp Conference Registration Form (one person per form)

ATTENDEE INFORMATION

Name: _____ Cell Phone: _____

E-mail Address: _____ Pronouns: _____

Camp/Organization Name: _____

Title/Role at Camp: _____ ACA Individual Member Number: _____

Camp Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____ Phone: _____

Please list any allergies/dietary restrictions: _____

REGISTRATION OPTIONS: Rates are based on individual member status.

Registration Transfer: Name of original attendee from camp/org: _____

Full-Conference Registrations:

1st/2nd person: Individual Member: \$475 ☐ Individual Non-Member: \$575 ☐

3rd / additional from same camp: Individual Member: \$125 ☐ Individual Non-Member: \$205 ☐

Student: (copy of student ID required) \$80 ☐

One-Day Registrations:

Thursday ☐ /Friday ☐ Member: \$235 ☐ Non-Member: \$290 ☐

Saturday Member: \$50 ☐ Non-Member: \$75 ☐

Wednesday Pre-Conference Workshop Add-Ons:

New Camp Director Workshop Member: \$110 ☐ Non-Member: \$140 ☐

Accreditation Volunteer Course Attending: Free of Charge ☐ (Due to pre-work, must have pre-approval to be walk in)

PAYMENT INFORMATION

TOTAL DUE TO PAY/CHARGE: \$ _____ Check #: _____ -OR- **Credit Card Type:** VISA, MC, AMEX, DISCOVER

Name on card: _____

Credit Card Number: _____

Expiration Date (MM/YY): _____ CVV/Security Code: _____

Billing Address: _____

ACA, New England, 80 Westview Street, Lexington, MA 02421; or scan to camp@acanewengland.org

*** Conference registrations are non-refundable, but may be transferred to another individual from your camp.***

For ACA internal use: Date registration entered into CRM _____ Date payment charged/entered _____ Initials _____