

# 2010 FAMILY CAMP REGISTRATION FORM

Family Name \_\_\_\_\_ email \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

	Session I 8/20-23	Session II 8/23-27	Session III 8/27-29	
DEPOSIT (CABIN)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$100	_____
DEPOSIT (PLATFORM TENT OR YURT)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	<input type="checkbox"/> \$30	_____

*The deposit is required with registration. Cancellations after April 15th will forfeit the per session deposit.*

We wish to share a cabin with the following family: \_\_\_\_\_  
 (Deposits can be split between families sharing a cabin if requested)

Cabin accommodations vary in size from 2-14 people. We make efforts to place families in appropriate sized cabins. Specific cabin requests cannot be guaranteed although consideration is given to returning families with a completed registration form and deposit on file prior to April 15th. Preference is also given to multi-session families and "special needs".

Cabin location preference: Senior Cabins  Intermediate Cabins  Junior Cabins

Names of all attendees: <small>(For children under age 11, please provide age as of FC attendance)</small>	Session I \$200 (100)	Session II \$270 (135)	Session III \$130 (65)	
	<small>(# in parenthesis apply to under 11 over 64)</small>			
1. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
(Use the back of this form if your party is larger than 8)	ATTENDEE SUB-TOTAL AMOUNT*			_____

*50% of the per person cost is due April 15th. The remaining 50% of the per person cost is due July 15th. There are no refunds for cancellations that occur after July 15, 2010. \*any taxes, if applicable will be due at checkout.*

- Check enclosed for \$\_\_\_\_\_ made payable to WYONEGONIC CAMPS
- Charge my Visa /Mastercard \$\_\_\_\_\_
- Extra days for Session III only \$\_\_\_\_\_ at \$65 daily adult (\$33 daily discounted under 11 over 64)

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Zip Code \_\_\_\_\_ Please print name on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL ALL CORRESPONDENCE TO WYONEGONIC CAMPS, 215 WYONEGONIC RD. DENMARK, ME 04022