

2011 FAMILY CAMP REGISTRATION FORM

Family Name _____ email _____ Phone (____) _____ Cell (____) _____
 Address _____ City _____ State _____ Zip _____

Session I Session II Session III
 8/19–22 8/22-26 8/26–28

DEPOSIT (CABIN) \$150 \$200 \$100 _____
DEPOSIT (PLATFORM TENT) \$45 \$60 \$30 _____

The deposit is a separate fee from the per person fees and is required with registration. Cancellations after April 15th will forfeit the per session deposit.

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 February 15th. Preference is also given to multi-session families and “special needs”.

We wish to share a cabin with the following family: _____ (Deposits can be split between families sharing a cabin if requested)
 Cabin location preference: _____

Names of all attendees:	Session I	Session II	Session III	
(For children under age 11, please provide age as of FC attendance)	\$200 (100)	\$270 (135)	\$130 (65)	
	(# in parenthesis apply to under 11 over 64)			
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, 2011.

Check enclosed for \$ _____ made payable to WYONEGONIC CAMPS
 Charge my Visa /Mastercard \$ _____

Credit Card # _____ Expiration _____ Security Code _____

Billing Address & Zip Code _____ Date _____

Signature _____ Name as it appears on card _____