

Registration Form: Family Camp/Geezer Camp/Young Adult weekend

Camp Choice: (please check the camp of your choice)

Family Camp I (Together Again) Geezer Camp Young Adult Weekend

Contact Information:

Camper Name: _____

Mailing Address: _____

City: _____ Prov/State: _____ Postal/Zip Code _____

Home Phone: _____ Email address: _____

Home Church (if you have one): _____

Others in your family attending: (please complete where applicable)

Husband Wife: _____

Child: _____ Gender: _____ Age: _____

Child: _____ Gender: _____ Age: _____

Child: _____ Gender: _____ Age: _____

Child: _____ Gender: _____ Age: _____

Emergency Contact Information:

Name: _____

Phone: _____ Email Address: _____

Relationship: Husband Wife Son Daughter Friend Family

Family camp I (Together Again) only:

Arrival Date/Time: _____

Departure Date/Time: _____

Lodging Choice: Bethany Lodge Upper Administration Cedarholm Cabin Dorm Tent Site Trailer Site

Please calculate your cost and enter below:

Lodging Cost: _____

Meal Cost: _____

Activity Fee: _____ (max. \$100.00 per family-no activity fee for FC II)

Total: _____

Full payment: _____

OR Deposit: _____

Balance Due: _____

How did you find out about SLWC

Friend Church Brochure Advertisement Web Site FaceBook Other

Cheque

Credit Card

Please charge _____ to my Visa MC Other

Card# _____ - _____ - _____

Expiry Date: _____ 3 digit security # _____

Name: _____

Address: (associated with credit card) _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Signature: _____