

FAMILY CAMP REGISTRATION

HOUSING CHOICES Please check one:	
<input type="checkbox"/>	Room with a bathroom (if available) Add \$50
<input type="checkbox"/>	Dorm Room: <input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/>	Lodge Room (if available) Add \$25
<input type="checkbox"/>	Tent / RV

OFFICE USE ONLY	
Cabin #	
Check #	
Amount Received	
Date Received	

FAMILY CAMPER INFORMATION - July 4-10, 2010	
Last Name _____	Dad _____ Mom _____
Children's Names and Ages _____	
Mailing Address or P.O. Box _____ Apt.# _____	
City _____	State _____ Zip _____
Home Phone number _____	Email address _____
Home Church _____	

Maximum \$600 per family! This applies to immediate family only; figure children's cost by their grade in Fall 2010. Other guests pay \$160. \$550 Maximum if paid in full before March 1, 2010. Family maximum does not include additional room charge. Contact saramoyer@campgilead.org with questions regarding registration and housing.

CREDIT CARD INFORMATION (Not on file from previous use.)			
Master Card <input type="checkbox"/>		VISA <input type="checkbox"/>	
CREDIT CARD # _____	EXP. DATE _____		
NAME ON CARD _____			
BILLING ADDRESS	CITY	STREET ADDRESS	CITY
STATE	ZIP	STATE	ZIP

PAYMENT INFORMATION	
Number of adults _____ X (\$160) =	\$ _____
Number of children grade 7 - 12 _____ X (\$140) =	\$ _____
Number of children grade 1 - 6 _____ X (\$110) =	\$ _____
Number of preschool ages 2 - 5 _____ X (\$85) =	\$ _____
Number of infants under 2 _____ X (free) =	\$ FREE
SUBTOTAL	\$ _____
(not incl. in max) Room with a bathroom (if available)- additional \$50	\$ _____
(not incl. in max) Lodge room (if available) - additional \$25	\$ _____
TOTAL DUE	\$ _____
DONATION to the Memorial Scholarship Fund at Camp Gilead	\$ _____
DONATION to the Capital Campaign Fund	\$ _____
AMOUNT ENCLOSED (minimum \$100 non-refundable/non-transferable deposit)	\$ _____
BALANCE DUE	\$ _____