

# 2024 FAMILY CAMP REGISTRATION

## HOUSING CHOICES Please check one:

<input type="checkbox"/>	Room with a bathroom; max 5 persons (if available) Add \$50
<input type="checkbox"/>	Dorm Room: <input type="checkbox"/> Upper <input type="checkbox"/> Lower
<input type="checkbox"/>	Lodge Room; max 3 persons (if available) Add \$25
<input type="checkbox"/>	Tent/RV

## OFFICE USE ONLY

Cabin #	
Check #	
Amount Received	
Date Received	

## FAMILY CAMPER INFORMATION – July 1 - 6, 2024

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 \$700 per family!** This applies to immediate family only; figure child's cost by their age on the first day of Family Camp.

Family maximum does not include additional room charge.

Contact [saramoyer@campgilead.org](mailto: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	SIGNATURE	
BILLING ADDRESS (if different than above)		
CITY	STATE	ZIP

## PAYMENT INFORMATION

Number of Adults Age 18 & Over _____ X (\$190) =	\$
Number of Children Age 13-17 _____ X (\$160) =	\$
Number of Children Age 6-12 _____ X (\$130) =	\$
Number of Children Age 2-5 _____ X (\$100) =	\$
Number of Children Under 2 _____ X (free) =	\$ FREE
<b>SUBTOTAL</b>	\$
(not included in family maximum) Room with a bathroom (if available) – additional \$50	\$
(not included in family maximum) Lodge room (if available) – additional \$25	\$
<b>TOTAL DUE</b>	\$
<b>AMOUNT ENCLOSED</b> (minimum \$125 non-refundable/non-transferable deposit)	\$
<b>BALANCE DUE</b>	\$

Please mail completed registration form to:

30919 NE Carnation Farm Rd.

Carnation, WA 98014