



# Family Camp Registration Form 2009-2010

Family Name \_\_\_\_\_ Family Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIPCODE)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Adult Names \_\_\_\_\_

Child Names & Ages \_\_\_\_\_

Family Requests \_\_\_\_\_

Fees ***A \$50 non-refundable deposit per camp, per family is required with registration.***

***The balance of fees are due 2 weeks prior to arrival. A confirmation packet will be sent to you.***

Please send my confirmation information to:  My Email  My Mailing Address

Total # of participants ages 8yrs old and up \_\_\_\_\_ x \$94 = \$ \_\_\_\_\_

Total # of participants ages 4 - 7 yrs old \_\_\_\_\_ x \$58 = \$ \_\_\_\_\_

TOTAL FEES = \$ \_\_\_\_\_

### **CANCELLATION POLICY**

Camp payments are refundable ONE month prior to camp, less deposit. Cancellations occurring two weeks prior to camp will receive a 50% refund. Less than two weeks notice and no refund will be issued.

**PLEASE MARK THE CAMP YOU WISH TO ATTEND:      DATE      # OF PARTICIPANTS**

<input type="checkbox"/>	Labor Day Family Camp	Sept 4-6, 2009	
<input type="checkbox"/>	Halloween Family Camp	Oct 23-25, 2009	
<input type="checkbox"/>	Halloween Family Camp	Oct 30-Nov 1, 2009	
<input type="checkbox"/>	Thanksgiving Family Camp	Nov 25-27, 2009	
<input type="checkbox"/>	Winter Family Camp	Jan 1-3, 2010	
<input type="checkbox"/>	Mum's Day Family Camp	May 7-9, 2010	
<input type="checkbox"/>	Memorial Day Family Camp	May 28-30, 2010	

### **METHOD OF PAYMENT**

<input type="checkbox"/>	Check	Credit Card # _____	
<input type="checkbox"/>	Visa	Exp Date _____	Signature _____
<input type="checkbox"/>	MC	<b>PLEASE CHARGE MY CARD: CHECK ONE</b>	
<input type="checkbox"/>	Discover		
<input type="checkbox"/>	AMEX	<input type="checkbox"/> Pay In Full	<input type="checkbox"/> \$50 Deposit Per Camp

**Mail to: Family Camp, PO Box 2440, Julian, CA 92036**  
**Fax to: (760) 765-0183**