

2018 Family Camp Registration August 10-12

Last Name _____

Family food allergies or medical concerns: _____

Phone _____

Email _____

Gluten free meal for _____ people

First Name of all participants who will be attending (adults and children). Please provide a grade level for anyone < 18 years old.

Name	Age/Grade	Name	Age/Grade

Lodging (choose one):

Large Cabin (\$225)* Large Cabin (\$150)* Small Cabin (\$90) RV/Tent Site (\$25)

Cabin Name: _____

Please specify RV Size/Length: _____

*Cabin shared with (if applicable): _____ Shared price per family: _____

A \$50 non-refundable deposit is required to reserve your space.

Early-Bird Registration ends **6/24**

Meals/Programming Costs per Person:		
	QTY	COST
Adults (ages 18+)	\$60 x _____	= \$ _____
Ages 13-17	\$40 x _____	= \$ _____
Ages 6-12	\$25 x _____	= \$ _____
Ages 4-5	\$15 x _____	= \$ _____
Ages 0-3	Free	
Subtotal		\$ _____

Registration Rates after 6/25 **(Deadline 7/15)**

Meals/Programming Costs per Person:		
	QTY	COST
Adults (ages 18+)	\$65 x _____	= \$ _____
Ages 13-17	\$45 x _____	= \$ _____
Ages 6-12	\$30 x _____	= \$ _____
Ages 4-5	\$20 x _____	= \$ _____
Ages 0-3	Free	
Subtotal		\$ _____

Please make checks payable to: Faith Church

Mailing address: 2201 S. 42nd Street, Manitowoc, WI 54220

Payment can also be dropped off at the church office or placed in the drop box outside the main office door.

MUST be paid in full by August 5.

TOTAL	
Lodging	_____
Meals/Programming +	_____
Deposit	- _____
(A \$50 non-refundable deposit is required upon registration to reserve your space.)	
TOTAL Due Aug. 5	_____

For office use only.	
Check number: _____	_____
Date: _____	_____
Amount: _____	_____