

Names: Please list all campers (including guests staying with your family) and ages of children below college to help us plan for childcare during sessions.

| | | | A CONTRACT OF A | | | |
|-------------------------------------|---|------------------------|---|-----------------|-------------|------------|
| Name | Martin | Age | Name | | | Age |
| | | | | | | |
| | | | | | | |
| | A CARLON AND A | | | | | |
| | | | | | | |
| Please reserve my family a: [|]Cabin (up | stairs, no linens) | for | : 🗆 Friday | | |
| E C | Guest room (downstairs, linens provided) Saturday Note: Pets are | | | | | |
| Γ |]Tent spa | ce (first come, | first served) | Sunday | allowed a | t the camp |
| I/my family would like to be near o | ne of the | following fam | ilies: | or | | |
| or near those who are part of the | | | | Sunday morning | class or LI | FE group. |
| Day Campers: I/We won't be spe | ending the | night, but I/ | We will be a day c | amper on 🛛 Satu | irday 🗆 | Sunday |

Cost: Includes accommodations as listed, food, childcare 3rd grade and below during sessions, and session materials.

| | | oom, sink, AC, | Guest Room: Linens included, 1 queen bed with one set bunk bed, bath tub/shower, restroom, sink, AC, sleeps 1-4, 21 available. | | Your Tent: Showers and restrooms available a short walk away. Cost is based on each tent. | | Pre-Registered Day Camper: |
|---|---------------|----------------|---|----------|--|----------|-------------------------------|
| Family of | 1 or 2 nights | 3 nights | 1 or 2 nights | 3 nights | 1 or 2 nights | 3 nights | Per Person/ Per Day |
| 1 or 2 | \$156 | \$224 | \$182 | \$260 | | | |
| 3 | \$192 | \$255 | \$218 | \$307 | | | |
| 4 | \$224 | \$307 | \$255 | \$354 | | | 624 |
| 5 | \$255 | \$354 | Not Available | | \$146 | \$177 | \$31 |
| 6 | \$286 | \$405 | | | \$140 | | |
| Each additional person staying with you/same room | \$47 | \$62 | Not Available | | | | |

| Retreat Cost (from table above): | |
|--|--|
| Early Registration & Payment Discount by August 24: \$25 (Day Campers Excluded) | |
| Amount turned in with form: (You can pay with a check, cash or online at collegehills.org. | |
| Amount Due at Retreat: | |

Registration Deadline AUGUST 24

Email: _____

Cell Phone:_____

To help us better plan for meals, please indicate the meals you plan to attend during the Encampment by providing the number of adults and children you plan to attend each meal. If you are NOT planning to attend a meal, put zero (0) for number attending

| Meal | Adults Attending | Children Attending | Comment |
|--------------------|---------------------|-----------------------|---------|
| Friday Dinner | | | |
| Saturday Breakfast | | | |
| Saturday Lunch | | | |
| Saturday Dinner | | | |
| Sunday Breakfast | | | |
| Sunday Lunch | | | |
| Sunday Dinner | | | |
| Monday Breakfast | | | |