

# REGISTRATION

APRIL 24<sup>TH</sup> - 25<sup>TH</sup>

5:00PM FRIDAY TO 3:00PM SATURDAY



Family

CAMP

Full Name Adult 1: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name Adult 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Names & ages of all staying with you:

**Meals (Please indicate how many will be eating each meal)**

\_\_\_\_\_ Friday Dinner

\_\_\_\_\_ Saturday Breakfast

\_\_\_\_\_ Saturday Lunch

Does anyone in your family have any dietary restrictions that we need to be aware of? If so, please explain.

There is a bedroom that does not require stair to access, if there are mobility issues in your family that would make it necessary for you to use this room, please let us know.



**Suggested Donation \$50 - \$100**

**ANY QUESTIONS PLEASE CONTACT AMANDA AT [AMANDA.M.BROUWER@GMAIL.COM](mailto:AMANDA.M.BROUWER@GMAIL.COM)**