

2017 Lake Geneva Christian Center Family Camp

PLEASE RETURN THIS ENTIRE FORM WITH YOUR PAYMENT TO
605 Birch Ave. Alexandria, MN 56308

Only this **SIGNED 2017** form accepted as registration. Please print clearly and use one form per family - thanks!

Name (main contact person) _____

Street Address _____

City/State _____ Zip Code _____

Cell Phone _____ Home _____

Email Address _____

(Email is used for communication purposes only.)

Number of people attending with you _____ Have you attended Family Camp before? _____

- Please indicate any special needs here: (ASL, handicap facilities, etc.)

A REGISTRATION DEPOSIT of at least 50% of the total due must be included with this registration form. Full payment is due no later than Friday, June 2nd.

Refunds, less a \$50 administrative fee, will be given for cancellations received through Friday, June 2nd. Registrations made after June 2nd are by credit card only and no refunds will be given after that date. Any accommodation changes will incur a \$30 handling fee. A confirmation letter will be sent out in late March.

My family and I have chosen to attend Lake Geneva Christian Center's Family Camp. We agree to hold harmless Lake Geneva Christian Center for any and all claims for injuries, causes for action, or liability related to use of all camp facilities. We understand that any guest willfully destroying property will be charged accordingly. We further authorize the camp to use photos or video taken of us at camp for promotional purposes.

Signed _____ **Date** _____

(Unsigned registration forms will be returned for signature without secured housing.)

This signed registration form and payment must be MAILED to the camp:

605 Birch Ave. Alexandria, MN 56308

FAMILY CAMP PAYMENT WORKSHEET

Please check all **NIGHTS** you are requesting housing for:

- Friday, June 30 Sat., July 1 Sunday, July 2
 Monday, July 3 Tuesday, July 4 Wed. July 5
 Thursday, July 6 Friday, July 7 Sat. July 8

Type of Housing Desired: (specific housing units/RV sites cannot be guaranteed.)

1st Choice _____

2nd Choice _____

OK to change housing during stay? Yes NO!
MN A/G Minister's receive a 20% discount on housing.

Housing Cost per night \$ _____

Number of Nights x _____

Subtotal for Housing = \$ _____

Advance Meal Tickets (if desired)

(number of tickets x cost per ticket - see brochure for prices)

Adult or Senior \$ _____ x _____ = _____

Children 4-11 \$ _____ x _____ = _____

Subtotals for Meals = \$ _____

Housing Subtotal \$ _____

Meals Subtotal + \$ _____

Total Due = \$ _____

50% Deposit \$ _____ **or Full Payment** \$ _____

I agree to pay Balance Due by Fri., June 2nd: \$ _____

Payment Information:

Amount: \$ _____ **Check** **Credit Card**

MC V AEx D (circle one)

Card Number _____

Name _____ Exp. Date _____ / _____

_____ Billing Zip Code _____

RV Size/Notes

Office Use Only

Notes:

Date Received:

Deposit Paid:

Payment Type:

Check Number:

Balance Due:

Dates Given:

Final Payment:

Assigned Housing:

Last Name: