

# Registration Form for Spring Weekend Family Camp

March 18-20, 2011

Office use only
Pd \$ _____
Due \$ _____

Rev./Dr./Mr./Mrs. \_\_\_\_\_

Spouse's first name (if attending) \_\_\_\_\_

<b>Choice of Accommodation:</b>	<b>Number of Campers</b>	<b>Lodge/Inn</b>	<b>Duplex</b>
<input type="checkbox"/> Lodge/Inn	_____ Adults .....	\$130 .....	\$110
<input type="checkbox"/> Duplex	_____ Ages 3-18 .....	\$50 .....	\$50
	_____ Ages 0-2 .....	\$30 .....	\$30

(Cost per person)

**Deposit:**  
\$25 per adult

<b>Names of children attending</b>	<b>Grade at time of camp</b>	<b>Age at time of camp</b>	<b>Circle Gender</b>
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F
_____	_____	_____	M F

(Attach list of additional children attending.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_  Business  Cell  Home

E-mail \_\_\_\_\_

Church Name \_\_\_\_\_

If possible, we would like to be housed near \_\_\_\_\_

**All registrations are processed in the order they are received.** The deposit must accompany this form. The balance is due upon arrival at camp.

To pay your deposit, please fax this form with your credit card information or mail the form with your check or credit card information.

Charge deposit  Charge full amount



Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_ 3-digit CWV Number \_\_\_\_\_

Signature \_\_\_\_\_

**Mail to: THE WILDS • PO Box 509 • Taylors, SC 29687-0009**  
**Phone: (864) 331-3293 • Fax: (864) 331-3294**  
**E-mail: tw.spring.camps@wilds.org**