

THE WILDS Christian Association, Inc.

PO Box 509 • Taylors, SC 29687-0009 • Phone: (864) 331-3293 • Fax: (864) 331-3294
E-mail: tw.school.camps@wilds.org

Contact Person:

Rev./Dr./
Mr./Mrs./Miss _____

Administrator: _____

School Name: _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Phone (_____) _____

Fax (_____) _____

Please enter the number of persons for each category:

_____ Male students _____ Female students
_____ Male sponsors _____ Female sponsors

A minimum of 1 sponsor of each gender is required per 15 students of each gender.

I would like a contract for:

Senior Class Trips 2010

- April 5-9
- April 19-23
- April 26-30
- May 3-7
- May 10-14
- May 17-21

Senior High

Leadership 2010

- November 8-11 (M-TH)
- November 16-19 (T-F)

**Spiritual Emphasis
Weeks 2010**

- October 5-8
- November 2-5

A \$25 deposit for each person must accompany this form if registering for Senior Class Trips.

If you fax this registration form, please include your credit card number and the 3-digit credit card verification value (CVV) number for the deposit.

Please charge \$ _____ to my



Card _____ Exp. _____
Number _____ Date _____

Print name as it _____ 3-digit
appears on card _____ CVV Number _____

Signature _____