

**Registration Form for
THE WILDS Spring 2010**

Please print clearly.

Rev./Dr.

Mr./Mrs./Miss _____

Office use only
Pd \$ _____
Due \$ _____

Spouse's Name _____
(if attending)

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Business Cell Home

E-mail Address _____

Home Church _____

City _____ State _____ Zip _____

Check the appropriate boxes and give the requested information. Please use a separate form for each program you would like to attend. Give accommodation preference in the blank for 1st, 2nd, and 3rd choices.

Couples' Conferences	Sweetheart Overnight Getaway
<input type="checkbox"/> April 9-11—Steadmans <input type="checkbox"/> April 23-25—Farrells _____ Lodge\$280 _____ Inn\$280 _____ Duplex\$240	<input type="checkbox"/> February 12-13—Joneses _____ Lodge\$170 _____ Inn\$170 _____ Duplex\$130

Ladies' Retreats	Father/Son Campout
<input type="checkbox"/> March 12-13—Lynch <input type="checkbox"/> April 16-17—Christianson _____ Lodge\$95 _____ Inn\$95 _____ Duplex\$85 (Minimum age is 16 years old.)	<input type="checkbox"/> April 23-24—Wood Father and one son\$95 Each additional son\$25 Total number of campers _____ Ages of son(s) _____ (Minimum age is 6 years old.)




Senior Adult Conference	College & Career Retreat
<input type="checkbox"/> March 23-26—Mullises <input type="checkbox"/> Double <input type="checkbox"/> Single Occupancy _____ Occupancy _____ _____ Lodge ..\$130\$155 _____ Inn\$130\$155 _____ Duplex ..\$130N/A	<input type="checkbox"/> March 26-28—Partin _____ Lodge\$135 _____ Dormitory\$110 _____ Sponsor\$110

All registrations are processed in the order they are received.
Please indicate any hardship that would prohibit your staying in the Duplex Cabins because of the stairs:

If possible, I/we would like to be housed with/near:

A \$25 deposit per adult (\$50 per couple) must accompany this form. Deposits are refundable or transferable only if we are notified of the cancellation 30 days before the program begins. 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 CW 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