



Waycross Labor Day Family Camp 2010

Friday, September 3rd – Monday, September 6th

Adult Participant(s): _____ Email: _____

Address: _____

Phone: ___ (Home) _____ (Cell) _____

- Do you have a parish or church affiliation? If yes, name and city _____
- Have you attended Family Camp before? Yes ___ No ___
 - Do you have any food allergies or food restrictions? If yes, please note: _____
 - Are there any health issues or disabilities that you will need assistance with during your stay? If yes, please note: _____

Young Adult and Child Registration

Name	Age	Gender	Grade Fall 2010	Session Fee
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____

List all food allergies or health concerns for each child, if any: _____

EVENT FEES	Full Session 3 nights & all meals	Partial Stay one night & up to 3 meals
Adult in Conference Center	\$214	\$76
Adult in Sleeping Wing	\$184	\$66
Adult in Cabin	\$154	\$52
Single Occupancy Charge (add to total)	\$60	\$20
Child (0-2 yrs)	\$0	\$0
Child (3-5 yrs)	\$50	\$17
Child (k-6 th grade)	\$87	\$30
Young Adults (7 th – 12 th grade) rooming w/family	\$108	\$36
Adult ropes course session (14 and up)		\$15
Child ropes course session (13 and under)		\$12
Additional Meals: Adult \$9/each, Children \$6 each		

Check here if you'd like to receive scholarship information or contact Waycross.

Accommodations: Conference center rooms provide private bathroom with twin or double beds. Sleeping wing rooms provide comfortable dorm rooms with private bath & up to four beds (including double, twin & bunk beds). Cabins have 5 bunk beds & shared bathroom.

Full linens (bed & bath) are provided in the Conference Center. Pillow & blanket are provided in Sleeping Wing. Other accommodations do not include linens.

Contact the office to purchase a linen package or bring your own.

Accommodation summary (check boxes):

I am staying for:

- The full session (Friday Dinner – Monday Breakfast)
- A partial stay – Arriving _____ (day & meal) and leaving _____ (day & meal)

Accommodation request (check preference, rooms are filled on a first come, first serve basis)

- Conf Center w/2 twin beds: # of rooms _____
- Conf Center w/double & twin bed: # of rooms _____
- Conf Center Handicap Accessible: # of rooms _____
- Sleeping Wing Dorm w/ 4 beds: # of rooms _____
- Sleeping Wing Handicap Accessible: # of rooms _____
- Cabin with 5 bunk beds: # of cabins _____

Young Adult/Child Fee Subtotal	\$ _____
Adult # _____ x Rate \$ _____	\$ _____
Adult # _____ x Rate \$ _____	\$ _____
Adult # _____ x Rate \$ _____	\$ _____
Single Occupancy Fee (optional)	\$ _____
Adult Ropes Course (optional)	\$ _____
Child Ropes Course (optional)	\$ _____
Additional Meal Charge (optional)	\$ _____
Grand Total	\$ _____
Deposit (\$50 for adults/\$25 for children) (non-refundable after 8/20)	\$ _____
Balance due (8/20) (non-refundable after 8/27)	\$ _____

Deposit and registration forms due Friday, August 20th.

Please make checks payable to Waycross. For Visa or MasterCard, please fill in information below.
(For credit card payments, deposit will be deducted upon receipt of registration, with balance deducted on or about 8/20/10)

Name on Card: _____ Card#: _____ Exp. Date: _____

I agree to pay the fees listed above through my credit card agreement. _____

Cardholder's Signature