

Family Guest Period at Waycross

Sunday, July 25th – Saturday, July 31st

7363 Bear Creek Road Morgantown, IN 46160 • 800-786-2267 • fax: 812-597-4241 • reservations@waycrosscenter.org

Contact Name: _____ Email: _____

Address: _____

Phone: _____ (Home) _____ (Cell) _____

- Do you have a parish or church affiliation? If yes, name and city _____
- Have you attended a Waycross event before? No _____ Yes _____ Event _____
- Does anyone have food allergies or dietary restrictions? If yes, please list _____
- Are there any health issues or disabilities that you will need assistance with during your stay? If yes, Please explain _____

Name of Attendee	Age (under 18) or Adult	Meal Cost	# of Nights	Meal Subtotal
1.				
2.				
3.				
4.				
5.				
6.				

LODGING FEE	Per Night Cost*
Room in Conference Center	\$50/room
Room in Sleeping Wing/Main House	\$40/room
Cabin	\$27.50/cabin

**To cover program and administrative fees, a 2-night minimum lodging charge is required.*

Standard Linen Package (2 flat sheets, bath mat, bath towel, hand towel, wash cloth)	\$8.50/person
Deluxe Linen Package (standard package plus blanket and pillow with pillowcase)	\$12.50/person

MEAL COST	Per Night (3 meals & snacks)	Additional Meals
Adult (14 yrs and up)	\$31	\$10
Child (6-13 yrs)	\$21	\$7
Preschool (3-5 yrs)	\$10	\$3
Infant (24 mo & under)	No Charge	No Charge

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

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

If needed, please sign up for linen packages or bring your own.

Lodging Subtotal	\$
Meal Subtotal	\$
Additional Meal Subtotal (optional)	\$
Standard Linen Package Subtotal (optional)	\$
Deluxe Linen Package Subtotal (optional)	\$
Grand Total	\$
Deposit (\$50 for adults/\$25 for children) (non-refundable after 7/13)	\$
Balance Due (7/13) (non-refundable after 7/20)	\$

Accommodation Summary (check boxes):

We are staying for:

The whole session (Sunday Dinner – Saturday Lunch)

A partial stay – Arriving _____ (day & first meal) and leaving _____ (day & last 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/ twin & double bed: # of rooms _____

Conf Center handicap accessible: # of rooms _____

Main House/Sleeping Wing Room: # of rooms _____

Main House/Sleeping Wing Handicap Accessible: # of rooms _____

Cabin with 5 bunk beds: # of cabins _____

**Registration
Forms and
Deposit due
Tuesday, July 13**

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 7/13/10)

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

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

Cardholder's Signature