

MEMORIAL DAY WEEKEND FAMILY CAMP



Complete the form below to register your family for this event.

1 Persons Attending

Name :	<input type="text"/>	Date Of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D	D	M	M	Y Y
Spouse Name (if attending) :	<input type="text"/>	Date Of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D	D	M	M	Y Y
Full Address :	<input type="text"/>						
City :	<input type="text"/>	Postcode :	<input type="text"/>				
E-Mail :	<input type="text"/>	Phone :	<input type="text"/>				
Child Name (1) :	<input type="text"/>	Date Of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D	D	M	M	Y Y
Child Name (2) :	<input type="text"/>	Date Of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D	D	M	M	Y Y
Child Name (3) :	<input type="text"/>	Date Of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D	D	M	M	Y Y
Child Name (4) :	<input type="text"/>	Date Of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D	D	M	M	Y Y
Food Allergies and Dietary Restrictions :	<input type="text"/>						

2 Lodging Options

Cabin #1 :	<input checked="" type="checkbox"/>	Cabin #2 :	<input checked="" type="checkbox"/>	Cabin #3 :	<input checked="" type="checkbox"/>	Cabin #4 :	<input checked="" type="checkbox"/>
Cabin #5 :	<input checked="" type="checkbox"/>	Cabin #6 :	<input checked="" type="checkbox"/>	Cabin #7 :	<input checked="" type="checkbox"/>	Cabin #8 :	<input checked="" type="checkbox"/>
Tent Camping :	<input checked="" type="checkbox"/>	RV Camping :	<input checked="" type="checkbox"/>	Each family will be housed in a wing of a cabin of their choosing. Tent and RV campers welcome. Shared gender-specific bathhouses available. RV camping will occur at the Horseshoe Recreation Area.			

3 Payment

Amount :	\$75	\$100	\$135		All meals, lodging, and program expenses are included in the cost for each participant.
Quantity of Participants :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="text"/>	
	AGE 0-10	AGE 11-15	AGE 16+	TOTAL	
Total Charges :	\$ <input type="text"/>			Amount Enclosed :	\$ <input type="text"/>
Check Number :	<input type="text"/>			-OR-	
Name on Card :	<input type="text"/>			CC # :	<input type="text"/>
Exp. Date :	<input type="text"/>	Security Code :	<input type="text"/>	Signature :	<input type="text"/>
Billing Address (if different from above) :	<input type="text"/>				