

FAMILY CAMP REGISTRATION CARD

Please Print Clearly

FAMILY CAMP DATE _____

NAME _____ MALE _____ FEMALE _____
First Last

SPOUSE NAME _____ MALE _____ FEMALE _____

ADDRESS _____
Number Street Apt.#

PHONE (_____) _____ <small>City</small> Home (_____) _____ <small>Cell/Work</small>	State _____	CHILDREN Name _____ Name _____ Name _____ Name _____ Name _____ Name _____	Zip Code _____ AGE _____	GRADE _____ M/F _____	FOR OFFICE USE COST _____
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*****DO NOT WRITE BELOW LINE*****

Check Amt.	Check No.	Cash Amt.	Date	By	Camp Balance _____
\$ _____	_____	\$ _____	_____	_____	Balance owed _____
\$ _____	_____	\$ _____	_____	_____	Balance owed _____
\$ _____	_____	\$ _____	_____	_____	Balance owed _____

Please mail registration form along with a \$25 non-refundable deposit per person to Calvary Chapel Costa Mesa, 3800 S. Fairview Street, Costa Mesa CA 92704, Attn: Retreat Desk.
NOTE: BALANCE IS DUE IN FULL IN OUR OFFICE NO LATER THAN 4 WEEKS BEFORE THE CAMP.
CANCELLATIONS: THERE WILL BE NO REFUNDS WITHIN 72 HOURS OF THE CAMP.