

# 2018 Lake Geneva Christian Center Family Camp

PLEASE RETURN THIS ENTIRE FORM WITH YOUR PAYMENT TO  
**605 Birch Ave. Alexandria, MN 56308**

Only this **SIGNED 2018** form accepted as registration. Please print clearly and use one form per family - thanks!

Name (main contact person) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home \_\_\_\_\_

Email Address \_\_\_\_\_

(Email is used for communication purposes only.)

Number of people attending with you \_\_\_\_\_ Have you attended Family Camp before? \_\_\_\_\_

- Please indicate any special needs here: (ASL, handicap facilities, etc.)

**A REGISTRATION DEPOSIT of at least 50% of the total due must be included with this registration form. Full payment is due no later than Friday, June 1st.**

Refunds, less a \$50 administrative fee, will be given for cancellations received through Friday, June 1st. Registrations made after June 1st are by credit card only and no refunds will be given after that date. Any accommodation changes will incur a \$30 handling fee. A confirmation letter will be sent out in late March.

*My family and I have chosen to attend Lake Geneva Christian Center's Family Camp. We agree to hold harmless Lake Geneva Christian Center for any and all claims for injuries, causes for action, or liability related to use of all camp facilities. We understand that any guest willfully destroying property will be charged accordingly. We further authorize the camp to use photos or video taken of us at camp for promotional purposes.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Unsigned registration forms will be returned for signature without secured housing.)

This signed registration form and payment must be MAILED to the camp:

**605 Birch Ave. Alexandria, MN 56308**

# FAMILY CAMP PAYMENT WORKSHEET

Please check all **NIGHTS** you are requesting housing for:

- Friday, June 29     Sat., June 30     Sunday, July 1  
 Monday, July 2     Tuesday, July 3     Wed. July 4  
 Thursday, July 5     Friday, July 6     Sat. July 7

Type of Housing Desired: (specific housing units/RV sites cannot be guaranteed.)

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

**OK** to change housing during stay? Yes  NO!   
**MN A/G Minister's receive a 20% discount on housing.**

Housing Cost per night                    \$ \_\_\_\_\_  
 Number of Nights                            x \_\_\_\_\_  
**Subtotal for Housing**                    = \$ \_\_\_\_\_

Advance Meal Tickets (if desired)

(number of tickets x cost per ticket - see brochure for prices. DO NOT add free tx here)

Adult or Senior    \$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Children 4-11      \$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

**Subtotals for Meals** = \$ \_\_\_\_\_

Housing Subtotal                    \$ \_\_\_\_\_

Meals Subtotal                        + \$ \_\_\_\_\_

**Total Due** = \$ \_\_\_\_\_

**50% Deposit** \$ \_\_\_\_\_ **or Full Payment** \$ \_\_\_\_\_

**I agree to pay Balance Due by Fri., June 1st:** \$ \_\_\_\_\_

**Payment Information:**

Amount: \$ \_\_\_\_\_     Check     Credit Card  
MC V AEx D (circle one)

Card Number \_\_\_\_\_

Name \_\_\_\_\_ Exp.Date \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Billing Zip Code \_\_\_\_\_

RV Size/Notes

**Office Use Only**

**Notes:**

Date Received:

Deposit Paid:

Payment Type:

Check Number:

Balance Due:

Dates Given:

Final Payment:

Assigned Housing:

**Last Name:**