

2009 Lake Geneva Christian Center Family Camp

Please return this entire form with your payment to: LGCC
605 Birch Ave. Alexandria, MN 56308

Please print clearly!

Name (main contact person) _____
 Street Address _____
 City/State/Zip Code _____
 Home Phone _____ Cell _____
 Email Address _____
 Church you attend _____ City _____
 Additional persons attending with you: _____

I have read and understand all LGCC guidelines and I, along with those attending with me, agree to abide by them. I understand there is a \$5.00 key deposit for each key needed when I check in. This key deposit will be returned to me on my scheduled check out day before 11:00 a.m. My REGISTRATION DEPOSIT of 50% of the total due is included with this registration form and I agree to pay the remaining balance by March 31, 2009. (Refunds, less a \$50 administrative fee, will be given for cancellations received by May 15, 2009. Registrations made after May 15, 2009, will be by credit card only and no refunds will be given after that date. Any accommodation changes will incur a \$25 handling fee.)

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

Credit Card Information:

Card Number _____ Card Type _____
 Name on Card _____ Billing Zip Code _____
 Expiration Date ____/____

* Please indicate any special needs (ASL, handicap facilities, etc.) _____

FAMILY CAMP PAYMENT WORKSHEET

Please check all NIGHTS you are requesting housing for:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fri. - June 26 | <input type="checkbox"/> Sat. - June 27 | <input type="checkbox"/> Sun. - June 28 |
| <input type="checkbox"/> Mon. - June 29 | <input type="checkbox"/> Tues. - June 30 | <input type="checkbox"/> Wed. - July 1 |
| <input type="checkbox"/> Thurs. - July 2 | <input type="checkbox"/> Friday - July 3 | <input type="checkbox"/> Sat. - July 4 |

Type of Housing Desired:

1st Choice _____
 2nd Choice _____
 3rd Choice _____

Housing Cost per night \$ _____
 Number of Nights x _____
Sub Total for Housing = \$ _____

Advance Meal Tickets (number of tickets x cost per ticket)

Adults \$ _____ x _____ = _____
 Children 6-11 \$ _____ x _____ = _____
Sub Totals for Meals = \$ _____

Housing Sub Total \$ _____
 Meals Sub Total + \$ _____
Total Due = \$ _____

50% Included Now \$ _____
 50% Due by March 31 \$ _____

We know you LOVE LGCC, but no one will be permitted on the grounds before Friday, June 26, 2009, 3:00 p.m. due to another group renting the camp just prior to Family Camp. Check-in time is 3:00 p.m. and check-out is 11:00 a.m. each day.

Office Use Only

Date Received:
 Payment Type:
 Housing Given:

Deposit Paid:
 Amount Owed:
 Dates Given:

Notes/Changes

Key Deposit Received

Number of Keys