

REUNION WEEKEND

AUG 14-16TH 2010



1676 Crystal Lake Road
Hughesville, PA 17737

877.252.5437 Toll Free
570.584.0169 Fax
camp@crystallakecamps.org Email
crystallakecamps.org

NAME OF PERSON MAKING THE RESERVATION

DATE

ADDRESS

CITY

STATE

ZIP

HOME TELEPHONE

WORK TELEPHONE

EMAIL

____ I UNDERSTAND THAT THE CRYSTAL LAKE CAMPS REUNION WEEKEND IS OPEN TO CLC ALUMS AND MEMBERS OF THEIR FAMILIES WHO AGREE TO ABSTAIN FROM THE USE OF ANY ALCOHOLIC BEVERAGES, TOBACCO PRODUCTS OR ILLEGAL DRUGS WHILE AT CAMP.

I/WE WILL BE ARRIVING ON (DATE) _____ AT APPROXIMATELY _____ (TIME)
I/WE WILL BE LEAVING ON (DATE) _____ AT APPROXIMATELY _____ (TIME)

____ I/WE NEED TO BE PICKED UP AT AN AIRPORT OR BUS STATION.
PLEASE INDICATE SPECIFIC TRAVEL INFORMATION:

PLEASE REGISTER BELOW USING THESE CODES:

***C.S.**

M = CHURCH MEMBER;
A = ATTENDS CHURCH;
SS = ATTENDS SUNDAY SCHOOL;
N = NOT A CHRISTIAN SCIENTIST

+ACCOMMODATIONS

A: CAMPING IN OWN TENT OR RV (INDICATE WHICH)
\$20 PER SITE FOR 2 NIGHTS
B. WILDERNESS CABIN
\$20 PER PERSON FOR 2 NIGHTS,
C: SUMMER CABIN W/ BATHROOM IN SEPARATE BUILDING
\$50 PER PERSON FOR 2 NIGHTS,
PREFERRED CABIN: _____
D. CABIN/LODGE ROOM WITH BATHROOM.
\$70 PER PERSON FOR 2 NIGHTS
OF ROOMS ____ PREFERRED CABIN : ____

CAN ONLY STAY ONE NIGHT? CHOOSE: A1- \$10, B1- \$10, C1 - \$25, D1 - \$35

PLEASE MAKE REUNION WEEKEND RESERVATIONS FOR THE FOLLOWING PEOPLE:

| NAME | RELATION TO # 1 | DATE OF BIRTH (IF UNDER 18) | *C.S. | +ACCOMMODATIONS |
|----------|-----------------|--------------------------------|-------|-----------------|
| 1. _____ | [SELF] | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

_____ # OF WEEKEND REGISTRATIONS @ \$125.00 = _____

+ OVERNIGHT ACCOMMODATIONS = _____

TOTAL: _____

____ SIGN ME UP FOR THE FRIDAY NIGHT ROCK RUN TRIP! (I'LL BRING MY OWN GEAR AND FOOD.)

SPECIAL ACCOMMODATION OR DIET REQUESTS:

*REFUND REQUESTS WILL BE HONORED IF MADE BY 8/1