

# Family & Adult Camp Registration 2009 Memorial Day Weekend



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Hughesville, PA 17737

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Name of person making the reservation \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Email \_\_\_\_\_

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:

I understand that the Crystal Lake Camps Family Programs are open to Christian Scientists and members of their families who agree to abstain from the use of any alcoholic beverages, tobacco products or illegal drugs while at camp.

Please reserve space in CLC's family camp program for the following people:

Name	Relation to # 1	Date of birth (If under 18)	C.S.*	Accommodations +
1. _____	N/A	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Use these codes to fill in the above sections labeled "CS\*" and "Accommodations +":

\* C.S.: M = Church member; A = Attends church; SS = Attends Sunday School; N = Not a Christian Scientist

+ Accommodations:

A: Cabin/Lodge with heat and bathroom. Number of rooms \_\_\_\_\_ and cabin preferred: \_\_\_\_\_

B: Camping in own tent or trailer (50% discount.) Please describe: \_\_\_\_\_

C. Camper in supervised cabin with other campers (For children age 8 - 16 subject to availability.)

If you have any other special accommodation requests, please indicate them here:

Do you or any family members have any special food needs? (Vegetarian, etc.)

Please use the reverse side of this registration form to indicate the activities in which you most want to participate during Family Camp.