



St. John Family Camp 2015 Registration Form

KIWANIS SKY CAMP
83903 Peninsula Rd
Fall Creek Reservoir,
Lowell, Oregon 97438

Sunday, August 9 (arrive around 3-4pm) through
Friday August 14 (leave by noon post clean up)
Can't come the whole time? Come for a day-or two!

Register early to secure your spot! Camp will be full!

Rates per week (five nights & meals):
Single person: \$210 (*195)~~ Two person family: \$395 (*375)
Three person family: \$585 (*565) ~~ Four or more person family: \$620 (*595)
Day use w 1-3 meals (no overnight) \$40/day; no meals \$20/day
A deposit of \$100 is required to hold your place. Full payment is due July 25.
****Save and pay the (*) amount when you register and pay in full by June 15th!!**



Family Name: _____ Adult: _____ Adult: _____

Address: _____

Street City State Zip: _____

Phone: (day) _____ Cell Phone (at camp): _____ (Email) _____

Child name _____ Age _____ (M) (F) Child name _____ Age _____ (M) (F)

Child name _____ Age _____ (M) (F) Child name _____ Age _____ (M) (F)

Child name _____ Age _____ (M) (F) Child name _____ Age _____ (M) (F)

Adults (18+) attending: _____ # Children 4—17 attending: _____ # Children under age 4 _____

I will stay for: _____ The entire time. Daytime only (No overnight): _____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Total Due for My Family _____ Amount of Deposit enclosed \$ _____

Camp Logo T Shirts Available this year! Pre-Order here: Youth (\$12) S___ M___ L___ Adult (\$15) S___ M___ L___ XL___ XXL___

Food Allergies Yes _____ No _____ If yes, please list on the back of this form. _____

Allergies to Bee Stings, or other health information we should know? _____

ADA or special needs: _____

Bringing children who are NOT your immediate family? Yes _____ No _____ You will need :

- Written permission from the child's parent stating you may bring them to camp, and
- A Parental Permission Form signed by the parent which permits you to authorize medical care in the event of an emergency.

Accommodations Desired:

_____ Tent Space (bring your own tent, mattress & sleeping bags;)

_____ Cabin (bring your own bedding (mattresses provided); cabin accommodations are shared, and will be assigned at check in)

_____ RV hook up requested (available for one vehicle only—First registered, first served!)

If you wish to share a cabin with a particular family, each of you may request this, and we will do our best to accommodate you!

We would like to share a cabin with: _____

**Make Checks Payable to St. John the Wonderworker Orthodox Church
with St. John Family Camp on the memo line.**

**Mail with registration form to: John Stafford, 1406 Black Court, Richland, WA 99354-3701.
For further information, please contact the registrar at sjwfamilycamp@gmail.com.**

Follow us on Facebook for pictures & more at "St. John's Family Camp"