STUHNS Family Camp

St. John Family Camp 2017 Registration Form

Dates: Monday, **July 17** (afternoon) - Friday, **July 21** (afternoon)

Where: Kiwanis Sky Camp 83903 Peninsula Rd Fall Creek Reservoir Lowell, Oregon 97438

Rates for the we Per Family Children under a 4 stay free	P age N	1inimum \$100 c	arly Discoun leposit requi	red with your r	oerson per 24 hours or po egistration to guarantee y	rtion the	
We will stay:	The Entire	Time	Partial Wee				Time:
Circle One>					Departure Day / Date:		Time:
Memo: St. John Family Camp							afford lack Court nd, WA 99354-3701
Enclosed: □Registration Form □Parental Release □Payment: (Amount)							For Other's Children ☐ Permission to Bring ☐ Medical Release
Parental Release family. Primary Respons					under. One form may cov	er mult	iple children from the same
Primary Adult:	Last Name: First Name:						
	Phone: Cell Phone:						
Additional Perso	To respect	d) Email Addres t your privacy: I			rvation from other email a	address	es will be ignored.
Name			_ (M) / (F)	Circle one>	(Parent / Adult 18+ year	s) or	Age
Name			_ (M) / (F)	Circle one>	(Parent / Adult 18+ year	s) or	Age
Name			_ (M) / (F)	Circle one>	(Parent / Adult 18+ year	s) or	Age
Name			_ (M) / (F)	Circle one>	(Parent / Adult 18+ year	s) or	Age
Name			_ (M) / (F)	Circle one>	(Parent / Adult 18+ year	s) or	Age
Name			_ (M) / (F)	Circle one>	(Parent / Adult 18+ year	s) or	Age
	Authorizin	diate Family? - ' Ig you to bring t Ig you to approv	he children		ritten and Signed permissi	on fron	n the Parent / Guardian
How many stayi	ng in a Tent	g in a Tent? How many staying in a Cabin?					RV Spot (Only One)
	Would like	e to Share Cabin	with Family	:		=	(First Come, First Served)

On the back, Please List: Medical Allergies Food Allergies Special Needs