

# St. John Family Camp 2014 Registration Form



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

**Sunday, August 17**(arrive around 3-4pm) through  
**Friday August 22** (leave by noon post clean up)  
Can't come the whole time? Come for a day-or two!

**This year St. John's Family Camp is ONE FULL DAY LONGER!**

Rates per week (five nights & meals):

Single person: \$205 (190)\*

Two person family: \$395 (365)\*

Three person family: \$580 (550)\*

Four or more person family: \$595 (565)\* This rate will be the maximum cap.

Day use/meals (no overnight) \$40/day

(\*Get this discounted rate if you register and pay before June 15th!\*)

**A deposit of \$25 is required to hold your place – register early! Camp will be full!**



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)

**Camp Logo T Shirts Available this year! Pre-Order here: Youth(\$12) S \_\_\_ M \_\_\_ L \_\_\_ Adult (\$15) S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_**

Do you or your children have any food allergies? \_\_\_\_\_

Allergies to Bee Strings, or other health information we should know? \_\_\_\_\_

If you are bringing children with you who are NOT part of your immediate family, please indicate that on the registration form. You will also need written permission from the parent of that child stating you may bring them to camp, and a health authorization form 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)

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: \_\_\_\_\_

\_\_\_\_\_ RV hook up requested (available for one vehicle only)

\_\_\_\_\_ ADA or special needs: \_\_\_\_\_

\_\_\_\_\_ Day use/meals \$40/day. Day(s) attending: \_\_\_\_\_

**Make Checks Payable to St. Paisius Conferences with St. John Family Camp on the memo line,**

**And mail with registration form to: Evgenia Prince, 286 Tunison Ave, Corvallis, OR 97333.**

**For further information, please contact the registrar at [stjohnfamilycamp@hotmail.com](mailto:stjohnfamilycamp@hotmail.com).**

Follow us on Facebook for pictures & more at "St. Johns Family Camp"

**We look forward to seeing you!!!**