

Family Camp Registration Form

Use this form to register for Family Camp. Registration begins November 2nd.

Send form, along with the \$150 non-refundable deposit per family to:

Lakeside Christian Camp, 195 Cloverdale St, Pittsfield MA 01201.

Adult Last Name _____ First Name _____ Male Female
Adult Last Name _____ First Name _____ Male Female
Youth Last Name _____ First Name _____ Male Female Birthdate _____
Youth Last Name _____ First Name _____ Male Female Birthdate _____
Youth Last Name _____ First Name _____ Male Female Birthdate _____

Mailing Address _____ City/State/Zip _____
Family Email _____ Home Phone _____
Congregation/City/State _____

Please check the date of Family Camp you are registering for: June 27-July 3 August 8-14

Please check your housing request:

<p><input type="checkbox"/> Lakewood Lodge ___ Adults x \$390 = _____ ___ Child x \$175 = _____</p> <p><input type="checkbox"/> Wintonberry Lodge ___ Adults x \$390 = _____ ___ Child x \$175 = _____</p> <p><input type="checkbox"/> Cottage (Minimum of \$1550) ___ Adults x \$390 = _____ ___ Child x \$175 = _____</p>	<p><input type="checkbox"/> Lakeview Lodge ___ Adults x \$330 = _____ ___ Child x \$150 = _____</p> <p><input type="checkbox"/> Cabin on the Green ___ Adults x \$300 = _____ ___ Child x \$130 = _____</p> <p style="text-align: right;">Total due \$ _____ Less deposit \$ -150 Balance due \$ _____</p>
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Payment Information

Check payable to Lakeside Christian Camp Visa Mastercard Discover
Cardholder's Name _____ Card Number _____
3 digit security code _____ Expiration Date _____ Amount \$ _____

Medical Release (required)

Insurance Carrier _____ Group/Policy Number _____
Emergency Name & Relation _____ Emergency Phone _____

I will not hold Lakeside Christian Camp & Conference Center or its staff responsible for accidents, claims, or damages arising from me or my child's participation in retreat activities. I am responsible for any medical obligations incurred during the retreating period and give the Lakeside Christian Camp & Conference Center staff permission to seek medical treatment for me or my child in case of injury or illness. I also give Lakeside Christian Camp & Conference Center permission to use any photograph/video of me or my child, taken at the retreat, in future promotional materials for its programs.

Adult Participant Signature _____ Date _____