

Family Camp 2010 Registration Form

Use this form to register for Family Camp. Mail the completed form with your \$150 non-refundable deposit to: Lakeside Christian Camp, 195 Cloverdale Street, Pittsfield, MA 01201

Adult Last Name: _____ First _____ Male Female
Adult Last Name: _____ First _____ Male Female
Youth Last Name: _____ First _____ Male Female DBO _____
Youth Last Name: _____ First _____ Male Female DBO _____
Youth Last Name: _____ First _____ Male Female DBO _____

Mailing Address: _____ City/State/Zip: _____

E-mail address: _____ Home Phone: _____

Church Name: _____ City/State/Zip: _____

Family Camp date for which you are registering: June 27 - July 3 August 8 - 14

Please check your housing request:

Lakewood Lodge

_____ Adults x \$390 = _____

_____ Child x \$175 = _____

Lakeview Lodge

_____ Adults x \$390 = _____

_____ Child x \$175 = _____

Wintonbury Lodge

_____ Adults x \$390 = _____

_____ Child x \$175 = _____

Cabin on the Green

_____ Adults x \$390 = _____

_____ Child x \$175 = _____

Cottage (\$1,550 minimum)

_____ Adults x \$390 = _____

_____ Child x \$175 = _____

Total Due: _____

Less Deposit: _____

Balance Due: _____

Payment (\$150 Minimum Deposit)

Check Enclosed Visa Mastercard Discover

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Signature: _____

Amount Authorized: _____