

Camp Manatawny

2010 Family Camp Registration

Family Name: _____

Husband

Wife

Address: _____

City

State

Zip Code

Email: _____ Phone: _____

CHILDREN	
Name(s)	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MEALS		
		Age 5 and over
Friday	Dinner	_____
Saturday	Breakfast	_____
	Lunch	_____
	Dinner	_____
Sunday	Breakfast	_____
	Lunch	_____
	Dinner	_____
Monday	Breakfast	_____
	Lunch	_____

FEE CALCULATION

Meals _____ x \$5 = _____

Family Reg. Fee† + **\$30.00**

Total Cost = _____

++++FOOD ALLERGIES++++

HOUSING
<input type="checkbox"/> Summer cabin* <input type="checkbox"/> Tent <input type="checkbox"/> RV <input type="checkbox"/> All-Season cabin
Are you willing to share a cabin? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, with who? _____

PAYMENT METHOD:

- Full payment enclosed Partial payment enclosed (Amount \$ _____)
- Check – Please make payable to DVCC or Delaware Valley Christian Camp
- Credit card – Please indicate one: Master Card _____ Visa _____ Discover _____ Am. Express _____

CC # _____ Exp. date _____

Name on card: _____

Mail form and payment to: **Delaware Valley Christian Camp • 33 Camp Road • Douglassville, PA 19518**
Or fax form with credit card payment to: **610-689-0174**

†The Family Registration Fee is required for all families, even if only staying for 1 day. This fee helps cover the program expenses.

*Summer cabins are provided at no additional cost. If you prefer to bring an RV or rent an all-season cabin, please call (610) 689-0173 to reserve a space and set up payment. (Space is limited, so call early.)