

2008 Family Camp Registration

Family Name: _____

Husband

Wife

Address: _____

Email: _____ Phone: _____

Children	
Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

++++ Fee Calculation +++++

# Meals	_____	× \$5	=	_____
Family Reg. Fee		+		<u>\$25</u>
Total Cost		=		_____

List any food allergies or special concerns:

Housing: Summer cabins are provided. If you prefer to bring a tent or RV, or rent a new cabin, please call (610) 689-0173 to make arrangements.

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 _____ American Express _____

CC # _____ Exp. date _____

Please mail registration and payment to:

Delaware Valley Christian Camp ♦ 33 Camp Road ♦ Douglassville, PA 19518 ♦ (Fax: 610-689-0174)