

2009 SHASTA FAMILY CAMP Registration

PERSON REGISTERING:

First Name _____ Last Name _____
 Mailing Address _____ City _____ St _____ Zip _____
 Home Phone _____ Other Phone _____
 E-mail _____

FOR THE WHOLE WEEK
COST: \$160 per family, or \$100 adult individual and family guests (any age)
PLUS FOOD: \$30 adults, \$15 age 5-10, and 5 and under free.

CAMPER(S) NAME	ADULT	CHILD	GUEST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAYMENT INFO:

MAKE CHECKS PAYABLE TO CA-NV ANNUAL CONFERENCE

_____ \$160 site fee per family
 _____ \$100 site fee per individual or family guest
 _____ \$30 food cost per adult
 _____ \$15 food cost per child age 5-10
 _____ TOTAL

MAIL REGISTRATION TO:
 Camp Registrar
 United Methodist Center
 PO BOX 980250
 West Sacramento, CA 95798-0250
 Ph. 916.374.1528