

Parent Name (s) _____

Address _____
STREET CITY ST ZIP

Phone Numbers: Home _____ Cell _____

E-mail _____ Home Church _____
[FOR CONFIRMATION PURPOSES] City _____

REGISTRANTS LIST ALL REGISTRANTS AS YOU WISH THE NAME TO APPEAR ON NAME TAG, EVEN IF NAMES APPEAR ABOVE.

Name [FIRST, LAST]	Birth Date [MM/DD/YYYY]	Gender [SELECT] M F	Grade [NEXT YEAR]
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

RETREAT PREFERENCE

WRITE THE RETREAT CODE BELOW IN ORDER OF PREFERENCE

_____	1 ST	CHOICE
_____	2 ND	CHOICE
_____	3 RD	CHOICE
_____	4 TH	CHOICE
_____	5 TH	CHOICE

- This is a group reservation. Name of contact person is _____
- Wish to celebrate birthday/anniversary of _____ on _____ [MM/DD]
- Wish to dine with or near _____
- This is my/our first time at Camp Arcadia

Photo/Media Release: By registering, I grant Camp Arcadia and its agents the right to use, reproduce, assign and/or distribute photographs, films, video tapes and sound recordings of me, for use in materials they may create for the sole purpose of promoting Camp Arcadia

HOUSING AND OTHER PREFERENCES

Please rank any of the following that are acceptable using 1ST, 2ND, 3RD, etc

- Traditional inn room
- Inn room with private bath, 2nd floor only [SURCHARGE APPLIES]
- Camp-owned cottage [SURCHARGE APPLIES]
 - ASPEN CEDAR SPRUCE BIRCH JUNIPER
- Need 1st floor traditional inn room for health reasons
- Single person in room [SURCHARGE APPLIES]
- Dorm in assembly building
- No housing needed [COMMUTER RATE APPLIES]

I'm staying at: _____

If you are registering for family or Labor Day retreats:

- Teens 15 yrs. and older are to share room with parents
- Need an 18-month pac-n-play
- Need a dining room booster chair
- Need a dining room high chair

If you are registering for a teen, men's or women's retreat then:

Roommate choice 1. _____
2. _____

- I am NOT willing to take a top bunk

For teen week registrants, adult t-shirt size:
S M L XL XXL [check choice]

DEPOSIT

- A. Total number of paying guests _____
- B. Minimum deposit per person \$ _____
- C. Total deposit enclosed \$ _____ [A x B]

Payment method: Check [payable to Camp Arcadia] Discover, VISA or MasterCard

Card number: _____ - _____ - _____ - _____ Exp. ___/___ Signature _____

PRINT FORM