



Family Camp Application

FOR OFFICE USE ONLY

Date Rec'd. _____

Dep. Amt. _____

Check # _____

For Summer of _____

A deposit of \$500 is required to hold a place for each family. In case of cancellation, \$250 is refundable prior to May 15. **Full payment is required by opening day.**

Parent Names _____ @ _____

EMAIL

Address _____ () _____

STREET

CITY

STATE

ZIP

AREA CODE

Business Phone () _____ Cell Phone () _____

AREA CODE

AREA CODE

Children's Names and Ages:

NAME DATE OF BIRTH

NAME DATE OF BIRTH

NAME DATE OF BIRTH

NAME DATE OF BIRTH

Christian Science Branch Church Regularly Attended _____

DATES: August 9-15, 2010

COSTS: Adult - \$860

Child 5-13 - \$560

Child 4 & under - \$400

Family Camp is established and maintained for families who attend a Christian Science Church and Sunday School throughout the year. The moral standards of Christian Science will be upheld by all those attending Family Camp. The camp reserves the right to place families in appropriately sized accommodations.

Signature: _____ / / _____

APPLICANT

DATE