

2008 FAMILY CAMP REGISTRATION FORM

Family Name _____ email _____ Phone (_____) _____

Address _____ City _____ State _____ Zip _____

	Session I 8/15 - 18	Session II 8/18 - 22	Session III 8/22 - 24	
CABIN FLAT RATE FEE	\$150 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$100 <input type="checkbox"/>	_____
PLATFORM TENT OR YURT FEE	\$45 <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$30 <input type="checkbox"/>	_____

The above fee is required as a deposit with registration. Cancellations after April 15th will forfeit the per session housing fee.

We wish to share a cabin with the following family: _____
 (Housing fees can be split between families sharing a cabin if requested)

Cabin accommodations vary in size from 2-14 people. We make efforts to place families in appropriate sized cabins. Specific cabin requests cannot be guaranteed although consideration is given to returning families with a completed registration form and deposit on file prior to April 15th. Preference is also given to multi-**session families** and "**special needs**".

Cabin location preference: Senior Intermediate Junior

Names of all attendees:

	\$200 (100)	\$270 (135)	\$130 (65)	
1. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. _____ age _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(Use the back of this form if your party is larger than 8) ATTENDEE SUB-TOTAL AMOUNT* _____

*50% of the per person cost is due April 15th. The remaining 50% of the per person cost is due July 15th. There are no refunds for cancellations that occur after July 15, 2008. *any taxes, if applicable will be due at checkout.*

Check enclosed for \$ _____ made payable to WYONEGONIC CAMPS

Charge my Visa /Mastercard \$ _____

Credit Card # _____ Expiration _____

Zip Code _____ Please print name on card _____

Signature _____ Date _____

MAIL ALL CORRESPONDANCE TO WYONEGONIC CAMPS, 215 WYONEGONIC RD. DENMARK, ME 04022