



Family Camp Weekend

2009 REGISTRATION FORM

S020 Skye Farm Family Camp - May 22-25

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

E-mail address _____

Home Church _____

Denomination _____

Will you bring a ___ tent, ___ RV, ___ Trailer, or ___ stay in a cabin with electricity (limited) _____
 _____ stay in a cabin without electricity?

Please list those attending:

Adults	M/F	Children	M/F	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dietary Concerns: _____

Medical Concerns: _____

Emergency Contact:

Name _____ Phone _____

Address _____

Your anticipated arrival time _____ Departure _____

Special talents you will be willing to share _____

Please complete this form and send with a \$35
 NON-REFUNDABLE deposit to:
 Judy Palmer, Registrar
 235 Casey Road, Schaghticoke, NY 12154
 (518) 753-6067 or judypalmer235@aol.com
 Remainder of fee is due at registration upon arrival.
 Cut registration out of brochure or photocopy.

THIS SPACE FOR OFFICE USE ONLY

Name _____	Camp # _____	Total Fee _____	Date App. _____
Payment type _____	amt \$ _____	Rec'd _____	
Payment type _____	amt \$ _____	date rec'd _____	Deposit # _____
Payment type _____	amt \$ _____	ck # _____	Deposit # _____
		ck # _____	Deposit # _____
		date rec'd _____	
		date rec'd _____	
		date rec'd _____	