



St. John Family Camp 2017 Registration Form

Dates: Monday, July 17 (afternoon) -
Friday, July 21 (afternoon)

Where: Kiwanis Sky Camp
83903 Peninsula Rd
Fall Creek Reservoir
Lowell, Oregon 97438

| | | | | |
|---------------------------------------|---|-------------------|---------------------|--------------------|
| Rates for the week | Single person \$200 | Two Persons \$380 | Three Persons \$540 | Four or more \$630 |
| Per Family | Partial Stay (No Early Discount): \$50 per person per 24 hours or portion thereof. | | | |
| Children under age 4 stay free | Minimum \$100 deposit required with your registration to guarantee your reservation. | | | |
| | Early Registration Discount (Paid in Full Postmarked before June 1, 2017) Subtract \$30 from rate above. | | | |

| | | | | |
|----------------|-----------------|-----------------------|-----------------------------|-------------|
| We will stay: | The Entire Time | Partial Week Stay --> | Our Arrival Day/Date: _____ | Time: _____ |
| Circle One --> | | | Departure Day / Date: _____ | Time: _____ |

| | | | |
|-------------------------|---|----------|-------------------------|
| Make Checks payable to: | St John the Wonderworker Orthodox Church | Mail to: | John Stafford |
| Memo: | St. John Family Camp | | 1406 Black Court |
| | | | Richland, WA 99354-3701 |

Questions: sjwfamilycamp@gmail.com

For Other's Children
 Permission to Bring
 Medical Release

Enclosed: Registration Form Parental Release Payment: (Amount) _____

Parental Release Form must accompany all registrations if child is 17 or under. One form may cover multiple children from the same family.

Primary Responsible Adult at Camp for your group must be at least 21.

| | |
|---------------------------------|-------------------|
| Primary Adult: Last Name: _____ | First Name: _____ |
| Phone: _____ | Cell Phone: _____ |

(Monitored) Email Address: _____

To respect your privacy: Inquiries regarding your reservation from other email addresses will be ignored.

Additional Persons:

| | | | | | |
|------------|-----------|---------------|----------------------------|----|-----------|
| Name _____ | (M) / (F) | Circle one--> | (Parent / Adult 18+ years) | or | Age _____ |
| Name _____ | (M) / (F) | Circle one--> | (Parent / Adult 18+ years) | or | Age _____ |
| Name _____ | (M) / (F) | Circle one--> | (Parent / Adult 18+ years) | or | Age _____ |
| Name _____ | (M) / (F) | Circle one--> | (Parent / Adult 18+ years) | or | Age _____ |
| Name _____ | (M) / (F) | Circle one--> | (Parent / Adult 18+ years) | or | Age _____ |
| Name _____ | (M) / (F) | Circle one--> | (Parent / Adult 18+ years) | or | Age _____ |

*** Any Children Not Immediate Family? - *** We MUST have written and Signed permission from the Parent / Guardian

1. Authorizing you to bring the children
2. Authorizing you to approve medical care for the child.

| | | |
|-----------------------------------|------------------------------------|--|
| How many staying in a Tent? _____ | How many staying in a Cabin? _____ | RV Spot (Only One) (First Come, First Served) |
|-----------------------------------|------------------------------------|--|

Would like to Share Cabin with Family: _____

On the back, Please List: Medical Allergies Food Allergies Special Needs