



FAMILY CAMP WEEKANEATIT 2010 APPLICATION

Camper Information:

Family Name: _____

Camper address: _____
(street address) (city) (state) (zip) (county)

Home Telephone #: _____ Cell #: _____

Other #: _____ Email address: _____

Please list all family members attending the weekend and their age on the date of camp:

(Please list names as they would appear on nametag)

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

Name _____ relationship: _____ DOB/Age: _____

(if additional space is needed, please attach another sheet)

Please indicate the number and sizes of t-shirts for all attending.

TODDLER 2T ____ 4T ____ YOUTH S ____ M ____ L ____ XL ____

ADULT S ____ M ____ L ____ XL ____ XXL ____

**Please indicate dietary needs (other than gluten-free) and which family member(s) will require these during camp.(Note that you may be asked to bring items to accommodate these if camp is unable to.): _____

Person to call in case of emergency

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

Scholarships:

Please indicate below if you would like to be considered for a camp scholarship and attach a letter including explanation of need.

Pricing per person (includes lodging, all meals and activities):

Ages 10 and up: \$110

Ages 3 thru 9: \$75

Under age 3: FREE

Family Maximum: \$500

****** Make non-refundable \$75 deposit (remaining balance due before camp weekend) payable to Camp Twin Lakes and mail along with completed registration form before August 15th to:**

**Mary Bohdan
100 Tall Timber Court
Fayetteville, GA 30215**