

# 3 Night Family Camp 2019 Registration

## Mount Carmel Ministries

**Family Week:** \_\_\_\_\_ June 20-23      \_\_\_\_\_ June 27-30

Adult Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Kid's Name(s) \_\_\_\_\_ Circle One: M / F Birth Date – mm/dd/yy

\_\_\_\_\_ M / F \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ M / F \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ M / F \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ M / F \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(1) Choose Housing**      Please select first choice (1) and second choice (2)

Housing Types	# Guests	Cost Per Family
_____ Tier 1 – Lodge Room	1 – 5	\$ 399
_____ Tier 2 – New Cabin	4 – 6	\$ 449
_____ Tier 3 – Remodeled Cabin	1 – 6	\$ 299
_____ Tier 4 – Traditional Cabin	1 – 7	\$ 249
_____ Tier 5 – RV/Trailer Site		\$ 125
_____ Tier 6 – Tent Site		\$ 75

***Please see our website for Housing Descriptions, Pictures, and Policy***  
***www.MountCarmelMinistries.com***

*\*If you are staying in a cabin, linens are available for \$8/person.*

**(2) Calculate Meal Plan** – Includes all meals      Toddlers (FREE)

Adults (14 and over)	# _____	X \$95 = _____	
Youth (5 - 13)	# _____	X \$55 = _____	
	<b>TOTAL</b>		_____

**(3) Program Fee** - \$75 per person helps provide quality programs for all ages.  
 (\$300 maximum per family)      # Guests \_\_\_\_\_ x \$75 = \_\_\_\_\_

### Calculate Your Fees (from previous page)

(1) Housing (your first choice)	\$ _____	
Linens (cabins only)# _____ x \$8/person =	\$ _____	
(2) Meal Plan Total	\$ _____	
(3) Program Fee Total	\$ _____	
<b>Total Investment For Your Family</b>		<b>\$ _____</b>

**Early Bird Discounts:** If you prepay half or more before February 1, 2019 you will receive a **10% discount** – or –  
 If you prepay half or more before April 1, 2019 you will receive a **5% discount** on your total family investment.

**Deposit:** A \$300 deposit non-refundable deposit is required with your registration.

### Registration/Payment Options

Call Shelli at: (320) 846-2744

Make Checks Payable to Mount Carmel Ministries. Check # \_\_\_\_\_

Mail to: **Mount Carmel Ministries P.O. Box 579, Alexandria, MN 56308**

Or pay by Credit Card

Please Circle One:      VISA      MasterCard      Discover      American Express

Amount Included (or to Charge): \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Name on Card (print) \_\_\_\_\_ Sec Code \_\_\_\_\_

**Credit Card Fee:** A 3% credit card processing fee will be charged per transaction.

I give my permission for my family to participate in all aspects of the camps program unless noted. I understand that my insurance has primary coverage. I give my permission for any picture taken of my family to be used for promotional uses.

Adult Signature \_\_\_\_\_

Special Medical Needs: Mobility, Dietary, Behavior, or Allergies. Please provide Names and needs so we can prepare for your arrival. Thank you!

\_\_\_\_\_  
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