

5 Night Family Camp 2019 Registration

Family Week Choice: _____ June 30 - July 5 _____ July 7 – 12

Adult Name(s) _____

Address _____ City _____

State _____ Zip _____ Phone _____

Email _____

Kid's Name(s) (List more if needed) Circle One: M / F Birth Date-MM/DD/YY

_____ M / F ____ / ____ / ____

_____ M / F ____ / ____ / ____

_____ M / F ____ / ____ / ____

_____ M / F ____ / ____ / ____

(1) Choose Housing - Select your first choice (1) and second choice (2)

| Housing Types | # Guests | Cost Per Family |
|-----------------------------------|----------|-----------------|
| _____ Tier 1 – Lodge Room | 1 – 5 | \$ 625 |
| _____ Tier 2 – New Cabin* | 4 – 6 | \$ 749 |
| _____ Tier 3 – Remodeled Cabin* | 1 – 6 | \$ 499 |
| _____ Tier 4 – Traditional Cabin* | 1 – 7 | \$ 425 |
| _____ Tier 5 – RV/Trailer Site | | \$ 199 |
| _____ Tier 6 – Tent Site | | \$ 125 |

Please see website for Housing Descriptions, Pictures, and Policy

www.MountCarmelMinistries.com

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

(2) Choose Meal Plan – Begins Saturday supper, concludes Friday lunch.

Pick from one of the following plans:

| | |
|--|-----------------------|
| American Plan: All inclusive, 14 Meals Provided - Toddlers (FREE) | |
| Adults 14 & up | # ____ X \$155 = ____ |
| Youth (4 - 13) | # ____ X \$ 80 = ____ |
| TOTAL ____ | |

| | |
|--|----------------------|
| Mount Carmel Plan: includes 7 meals: All lunches, Sun, and Thurs suppers. Toddlers (FREE) | |
| Adults 14 & up | # ____ X \$95 = ____ |
| Youth (4 - 13) | # ____ X \$50 = ____ |
| TOTAL ____ | |

(3) Program Fee - \$100 per person provides quality programs for all ages. (\$400 maximum per family) # Guests _____ x \$100 = _____

Calculate Your Fees:

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

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.

Payment Options

Make Checks Payable to Mount Carmel Ministries. Check # _____

Amount Included (or to Charge): \$ _____

Please Circle One: VISA MasterCard Discover American Express

Card # _____ Exp Date ____/____

Name on Card (print) _____ Sec Code _____

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.

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

Adult Signature _____

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

