

# Adult Camp 2019

## Registration Form

### Adult Camp Week Choice(s):

Aug 12 – 15     Aug 19 - 22     Aug 26 – 29

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

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

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

Email \_\_\_\_\_

Emergency Contact & Number \_\_\_\_\_

### Housing Types Price per person. Please select first choice (1) and second choice (2)

| <u>Housing Types</u>                                | <u>3 Day</u> |
|---|--------------|
| <input type="checkbox"/> Tier 1 – Lodge Room        | \$ 315       |
| <input type="checkbox"/> Tier 2 – New Cabin         | \$ 285       |
| <input type="checkbox"/> Tier 3 – Remodeled Cabin   | \$ 245       |
| <input type="checkbox"/> Tier 4 – Traditional Cabin | \$ 225       |
| <input type="checkbox"/> Tier 5 – RV/Trailer Site   | \$ 215       |
| <input type="checkbox"/> Tier 6 – Tent Site         | \$ 195       |

Add 20% for Single-Occupancy.

LBI Alumni Discount / New Guest Discount - \$30 Adult Camp

### 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 \_\_\_\_\_

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

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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