



Adult Camp 2021

Registration Form

Adult Camp Week Choice: ___ Aug 9th – 12th (3 nights) ___ Aug 16th – 19th (3 nights)
 ___ Aug 23rd – 26th (3 nights) ___ Sept 11th – 16th (5 nights) Hymn Festival

Name(s) _____

Address _____ City _____

State _____ Zip _____ Phone Number _____

Email _____

Emergency Contact Name & Phone # _____

Type of Housing (Please select 1st choice and 2nd choice.)

<u>Housing Type</u>	<u>3 Nights</u> 1 occupant	<u>3 Nights</u> 2 or more occupants	<u>5 Nights</u> 1 occupant	<u>5 Nights</u> 2 or more occupants
_____ Lodge Room	\$390	\$325	\$495	\$430
_____ Deluxe Cabin	\$390	\$325	\$495	\$430
_____ Cabin w/ a Kitchen	\$365	\$300	\$465	\$400
_____ Cabin w/out a Kitchen	\$315	\$250	\$405	\$340
_____ RV/Trailer Site	\$225	\$225	\$310	\$310
_____ Tent Site	\$215	\$215	\$300	\$300
_____ First Time Discount		20% discount		
_____ LBI Alumni Discount		\$30 for 3 nights camp \$50 for 5 nights camp		

Name of Roomate: _____

Payment Options:

Make checks payable to Mount Carmel Ministries. PO Box 579 Alexandria, MN 56308

Credit Card # _____ Exp Date ____/____ Sec Code _____

Name on Card (please print) _____

Signature _____

Special Medical Needs: Please provide so we can prepare for your arrival. Thank you! (Mobility, Dietary, Behavior, Allergies, etc.) _____

What church do you attend? (Name and City of church)
