

REGISTRATION FOR ST. JOHN'S FAMILY CAMP

July 26th (Monday) - July 30th (Friday), 2010

Name: _____

Address: _____

Phone #: _____

E-mail: _____



Children's names:

Ages:



Tuition:

Including meals and lodging. You can choose to tent camp at a lower rate
Full Session: Monday - Friday

	Cabins:	Tent:
Adult:	\$185.00 each	\$135.00
Children 3 & UP:	\$ 75.00 each	\$ 60.00
Family maximum:	\$480.00 each	\$350.00

Single Day: \$45/overnight; \$30/Full day; \$20/ half day with dinner.

**Registration is due by June 30. Please include a \$25.00 deposit to hold your spot.
Balance can be paid at retreat check-in.**

___ Enclosed is a donation of \$_____ toward the Scholarship Fund.

___ I request a scholarship of \$_____. I can pay \$_____ toward the tuition.

Return to: St. John's - ATTN: SKY CAMP '10 - 304 Blair Blvd. - Eugene, OR. 97402

Any Questions, contact: Stephanie George at (541) 343-8199 or e-mail: larrygeorge2@comcast.net

More info on the web: www.StJohntheWonderworker.com

What areas would you like to **help** in?!

___ Kitchen/Clean-up

___ Cooking

___ Children's Activities

___ Crafts



___ Music

___ Nature Hikes

___ Swimming Supervisor

___ First Aid

Other: _____
