



Fort Rock Family Camp

REGISTRATION FORM

REGISTRATION INFORMATION

Father's Name: _____ Mother's Name: _____

Child 1: _____ Age: _____ Child 2: _____ Age: _____

Child 3: _____ Age: _____ Child 4: _____ Age: _____

Other _____

Address: _____ City: _____ State: _____

Zip: _____ Phone #: (Work) _____ (Home) _____

(Cell) _____ E-mail Address: _____

REGISTRATION COST

Please check the camp that you would like to attend.

- Family Camp (*up to five).....(Deposit \$75.00).....\$ 300.00
- Marriage Retreat.....(Deposit \$25.00).....\$ _____
- Father-Son Camp (*for two).....(Deposit \$25.00).....\$ _____
- Father-Daughter Camp (*for two).....(Deposit \$25.00).....\$ _____
- Mother-Daughter Camp (*for two).....(Deposit \$25.00).....\$ _____
- Other Retreats.....\$ _____

Date of camp chosen - _____ *Add an additional \$10.00 per person.

Total Camp Fee = \$ _____

Deposit\$ _____

Balance of Camp Fee\$ _____

Additional Person(s)...(add \$10.00 # of extra persons).....\$ _____

TOTAL AMOUNT.....\$ _____

Check one: Total Fee Remitted Deposit Remitted

(Total camp fee must be received within two weeks of your camp date.)

TO REGISTER: Submit this Registration form and mail a deposit or full payment to:
Fort Rock - P.O. Box 156 - Saint Paul, AR - 72760. Make all checks payable to "Fort Rock Family Camp."

CONFIRMATION: A confirmation packet will be sent within two weeks of the receipt of the deposit. Specific instructions for check-in and check-out, what to bring, and directions to the camp will be included.

www.fortrock.org