

Please include a \$150 deposit with this registration form – see below for payment details

Memorial Day Family Camp May 28-31, 2010
Adults:.....\$192 Youth 12-17:.....\$152
Youth 4-11:.....\$107 Youth 0-3:.....Free

Labor Day Family Camp September 3-7, 2010
Adults:.....\$212 Youth 12-17:.....\$167
Youth 4-11:.....\$122 Youth 0-3:.....Free



Adult's Names: _____ Phone: (_____) _____
Address: _____ Email: _____
City: _____ State: _____ ZIP Code: _____

Name: _____ M F Age:____ Grade in 9/10:____ Name: _____ M F Age:____ Grade in 9/10:____
Name: _____ M F Age:____ Grade in 9/10:____ Name: _____ M F Age:____ Grade in 9/10:____
Name: _____ M F Age:____ Grade in 9/10:____ Name: _____ M F Age:____ Grade in 9/10:____

Lodging Preference (mark first and second choice): Redwood 1-8 Birch 9-16 Douglas Lodge 19-27

We would like to share lodging with (optional): _____

I hereby give permission for my family and I to attend camp sponsored by Koinonia Conference Grounds and to participate in all activities, including the ropes course. I will not hold Koinonia Conference Grounds or its agents liable for injury caused by common accident, illness, or the rendering of emergency care. I give permission for my family and I to participate in any offsite activities during camp and to be transported to and from any offsite activities, including emergency situations (if any) by authorized vehicles. By registering for this camp, I give permission to Koinonia Conference Grounds to use video or photography of my family and I for promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Payment by check: Please mail this form to the address below with your \$150 deposit. Make checks payable to Koinonia Conference Grounds. Your deposit is non-refundable. You will receive a confirmation letter with your remaining balance due and all the details you need.

Payment by credit card: Please fill in the information below and mail this form to the address below. Your deposit is non-refundable. You will receive a confirmation letter with your remaining balance due and all the details you need.

Visa MasterCard Discover Credit Card #: _____

Exp. Date: _____ Security Code (3 digits on back with signature): _____ Amount: _____

Signature: _____

Mail To: Koinonia Registrar
1605 Eureka Canyon Rd.
Watsonville, CA 95076

- Please contact the registrar at 831-722-1472 with any questions

To register fill out and mail this form to the address above or register online at www.gotocamp.org