



ADULT GUEST REGISTRATION

THE ADULT GUEST OR AN AREA STAFF PERSON MAY COMPLETE THIS REGISTRATION FORM TO REGISTER FOR A STAY AT A YOUNG LIFE CAMP. WHEN COMPLETE, MAIL WITH A REGISTRATION DEPOSIT EQUAL TO 50% OF THE TOTAL CHARGE FOR THE LENGTH OF YOUR VISIT TO THE AREA DIRECTOR OR REGIONAL DIRECTOR WHO WILL THEN FORWARD IT TO THE CAMP. DEPOSITS ARE NON-REFUNDABLE. THE BALANCE OF YOUR TOTAL CHARGE WILL BE DUE UPON ARRIVAL AT CAMP.

ADULT NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ BUSINESS PHONE (_____) _____

FAX (_____) _____ CELL PHONE (_____) _____

EMAIL _____

WHAT HAS BEEN YOUR INVOLVEMENT IN YOUNG LIFE? _____

HAVE YOU BEEN A GUEST AT A YOUNG LIFE CAMP BEFORE? YES NO

NUMBER OF GUESTS	NUMBER OF NIGHTS	PER NIGHT FEE	TOTAL CHARGE	DEPOSIT
_____	X _____	X \$48	= \$ _____	X 50% = \$ _____

WHICH CAMP WOULD YOU LIKE TO REGISTER FOR? _____

CHOICE OF DATES: 1ST CHOICE _____

2ND CHOICE _____

AREA OR REGION NAME AND NUMBER _____

FOR PROPERTY OFFICE USE:

FEE _____ CHECK NUMBER _____

DATE RECEIVED _____ DATE NOTIFIED _____