

Summer Camp 2009

July 13-17 Toccoa Falls College
Toccoa Falls, GA

Child's name:

Grade completed by summer 2009: _____ sex: m / f

Address:

City, State, Zip

Phone:

Parent/Guardian:

Phone:

Email:

Total camp cost is \$ 257.00

\$ 50.00 non-refundable deposit due by February 1, 2009

Cancellations made after May 1, 2009 will incur an additional \$ 50.00 fee

Final balance due June 7, 2009

___ Enclosed is my \$ 50.00 deposit. I understand that this is a non-refundable deposit.

signed: _____

Make checks payable to Campus Church

Packing list, Medical forms, etc... will be distributed closer to our camp date.

