

10% OFF IF RESERVATION IS PAID IN FULL BY: MARCH 10, 2005

(REGISTRATION FORM MUST ACCOMPANY PAYMENT)

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone (____) ____ - _____ Email: _____
 Arrive: ____/____/____ Depart: ____/____/____
 Number of People in Group: _____

Circle One: Visa or MasterCard
 Card No: _____
 Exp Date ____/____/____ Amt. Auth.: _____
 Memo: _____

Attention All Campers:

- (a) Check-in **required** before occupying their room.
- (b) Registration begins at 9:00 A.M. E.S.T. **February 10, 2005.**
- (c) Under the age of 18 attending w/o parents **must** provide required **signatures at check-in!!**

 Parent/Guardian Pastor

A \$50.00 deposit is required to validate a reservation.

Phone reservations will be honored 7 days.
 Linens are available for a nominal fee.

Return Form To:

German District

P.O. Box 577

Bridgman, MI. 49106

Phone: 269-465-6669 Fax: 269-465-4705

Email: gdooffice@qtm.net

***Please check backside for Emergency Contact Info.**

We accept
Visa & MasterCard

<input checked="" type="checkbox"/>	ACCOMODATIONS	DAY	CAMP	OCCUP.
<input type="checkbox"/>	Palace #1	9.00	65.00	2
<input type="checkbox"/>	Palace #2 - #6	13.00	95.00	4
<input type="checkbox"/>	Palace #3 , #4 & #5	13.00	95.00	3
<input type="checkbox"/>	Palace #6	13.00	95.00	2
<input type="checkbox"/>	Loenser Cottage	32.00	240.00	7
<input type="checkbox"/>	Zeller Cottage	32.00	240.00	5
<input type="checkbox"/>	Keller Motel #5 - #9	15.00	75.00	4
<input type="checkbox"/>	Shady Nook #10	32.00	240.00	8
<input type="checkbox"/>	Elim Motel #12 - #23	15.00	80.00	4
<input type="checkbox"/>	Sp. Dorm #1, 5, 8, 12, & 13	28.00	208.00	4 - 5
<input type="checkbox"/>	Sp. Dorm #2, 3, 9, 10, & 11	26.00	192.00	3 - 4
<input type="checkbox"/>	Sp. Dorm #4, #6, & #7	25.00	184.00	2
<input type="checkbox"/>	E.T. Motel #28 & #35	32.00	240.00	6
<input type="checkbox"/>	E.T. Motel #29 - #34	26.00	192.00	2 - 4
<input type="checkbox"/>	Condo #36 - #43	32.00	240.00	6
<input type="checkbox"/>	Limited RV Spaces are available.	15.00	104.00	N/A

Office Use Only: DR ____/____/____ C#: _____ R#: _____ #OC: _____ Amt: _____

This section must be completed!!

IN AN EMERGENCY, PLEASE NOTIFY:

1. _____ () _____ - _____

2. _____ () _____ - _____

3. Do you have medical concerns we should know? (YES) _____ (NO) _____
IF yes, Please describe: _____

4. When the designated person is unreachable, I authorize the Camp Committee to
act in my behalf. _____

Signature