

# Family Camp 2009

May 22-25, 2009

Speaker: Aaron Renth



## REGISTRATION FORM

Names: \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(please provide birth dates for children if they have not been campers before)*

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Adults and Youth (12 - Adult) \_\_\_\_\_ X \$50 = \_\_\_\_\_  
Children (6-17) \_\_\_\_\_ X \$35 = \_\_\_\_\_  
Add \$10 per family for a Lodge Room = \_\_\_\_\_  
Children 5 & Under \_\_\_\_\_ FREE

TOTAL DUE: \_\_\_\_\_ [ ] Apply Household Maximum  
Household Maximum (2 Adults + Children) = \$200 Cabins or Dormitory (add \$10 for Lodge)

### HOUSING PREFERENCE:

- [ ] Lodge (add \$10)  
[ ] Cabin  
[ ] Dormitory (upstairs)

**A \$5.00  
convenience  
charge will be  
applied to all  
credit/debit  
transactions**

Credit / Debit card  
acceptance is for your  
convenience only.  
We do not wish to  
encourage you to  
increase your personal  
debt.

[ ] [ ] Name on Card: \_\_\_\_\_ AMOUNT  
Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ \$ \_\_\_\_\_

Please include a minimum of \$25 deposit per room (person/family).

Mail applications to: Camp Horizon - 7369 Sunnyside Drive, Leesburg FL 34748  
PHONE: (352) 728-5822 \* FAX: (352) 728-8694 \* Email: info@camphorizon.org