

Cedar Lake Camp: 2010 Registration Form

Name _____
Birthdate _____ / _____ / _____ Age _____ Grade Completed _____ Gender **M**ale **F**emale
Address _____
City _____ ST _____ Zip _____
Home Phone _____ Cell _____
Email _____

Please print email clearly. Your confirmation will be sent to this email address with all the information that you need for your camp experience.

Home Church _____ School _____

Circle if Applicable:

New Address New Phone 1st Year at CLC

Father's Name _____ Mother's Name _____

I would like to room with these friends: (Cabin mates must be same gender & close in age) Please limit requests to 2 friends.

If you would like us to send a brochure to a friend, please list names and addresses here:

2010 Summer Camp Dates

Please Circle the Camp(s) You Wish to Attend

Resident Camp **Day Camp** **Canoe Camp**

June 13-19 June 14-18 July 4-10

June 20-26 June 21-25

June 27-July 3 June 28-July 2

July 11-17 July 12-16

July 18-24 July 19-23

2010 Summer Camp Fees

Resident Camp (ages 8—13) **\$195/Wk**

\$95 Minimum Deposit due with registration. Balance due upon arrival.

Day Camp (ages 5—10) **\$75/Wk**

\$35 Minimum Deposit due with registration. Balance due upon arrival.

Canoe Camp (ages 13—18) **\$250/Wk**

\$150 Minimum Deposit due with registration. Balance due upon arrival.

Please Mail this completed form to: **Cedar Lake Camp, 235 Conatser Ln, Livingston, TN 38506**

This registration serves as written consent for the Children's Gospel Hour/ Cedar Lake Camp to utilize your child's image for the promotion of Cedar Lake Camp. This consent extends to print, digital, and video media.