

Camp Keola
Vacation Camp, Family Camp or Creative Arts Camp
2008 Application and Registration Form

Date _____ E-mail Address _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____

Home Church _____

Family Members who will be attending:

Name _____ child age _____

Name _____ child age _____

Name _____ child age _____

Name _____ child age _____

Name _____ child age _____

Name _____ child age _____

Check the Camp you plan to attend (if registering for more than one camp, please submit separate application forms for each)

Vacation Camp

July 10 - 13, 2008 (see brochure for prices)

Family Camp

Aug. 29 - Sept. 1, 2008 (see brochure for prices)

*10% discount on weekend price if postmarked before August 15, 2008.

Creative Arts Camp

Sept. 19 - 21, 2008 - \$60/weekend

Accommodations:

You may request a cabin of 8 beds if you submit applications for 8 campers, respectively. Your request must be accompanied by full payment. Cabin registrations will be granted on a first-come-first-served basis and actual cabin assignments will be made by the Registrar based on number of people who register for camp, age of camper and special needs.

Keola Cabin _____ Own Tent _____ Own R.V. _____

Other, please specify _____

Preferred Cabin Mates _____

For all camps:

Expected Arrival Date _____

First meal: Breakfast ____ Lunch ____ Dinner ____

Expected Departure Date _____

Last meal: Breakfast ____ Lunch ____ Dinner ____

*Please notify the camp if the arrival or departure dates change.

Fee Estimate:

Camp Fee _____

Early Registration Discount - _____

Total = _____

Amount enclosed with this registration \$ _____

Check # _____

* Please make checks payable to Camp Keola

I have read the Camp Rules and agree to abide by them. In the event the Applicant/Camper herein should need medical attention, the undersigned grants permission to the Camp Keola staff to arrange for this service.

Camper's Signature

This form may be duplicated

Send the completed registration form to:

**Registrar, Camp Keola
P.O. Box 25925
Fresno, CA 93729-5925**

Questions? Call (559) 348-3213
e-mail: info@campkeola.org