

FAMILY LIFE WEEKEND 2008

At Aldersgate Camp and Retreat Center

Family Life Weekend begins Friday, July 18, 2008 with check-in at 5:00 PM and buffet dinner beginning at 5:00 PM.
The weekend concludes Sunday, July 20, 2008 with a closing circle at 1:15 PM.

**To register, fill out the registration form below & send it with payment to:
Aldersgate Camp & Retreat Center 3343 ST. RT. 38, Moravia, NY 13118**

Registration Deadline: June 15, 2008 (After 6/15/08 please call the Aldersgate office for availability.)

Please make checks payable to: Camps, Conferences and Retreat Ministries (CCRM)

Rates are as follows: FLW: Adults (18+) \$100; Young Adults (13-17) \$90; Children (4-12) \$65;
Children 3 and under Free; Family Cap for a nuclear Family \$350.

There is a \$20 discount for first time families. We are a first time family: ___yes ___no

Adult Participants

Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-Mail _____
Birthdate _____ Age ___ Gender ___M ___F
This is my _____ year at camp. Fee \$ _____
Relationship to children attending _____

Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-Mail _____
Birthdate _____ Age ___ Gender ___M ___F
This is my _____ year at camp. Fee \$ _____
Relationship to children attending _____

Family's Mailing Address _____ City _____ State _____ Zip _____

Family's Home Church _____ City Where Church is Located _____ Denomination _____

I first heard about this event through: my local church flyer in the mail e-mail notice website
 other _____

Youth/Children

Name _____
E-Mail _____
Birthdate _____ Age ___ Gender ___M ___F
Grade (fall of '08) ___ This is my ___ year at camp.
FLW Fee \$ _____

Name _____
E-Mail _____
Birthdate _____ Age ___ Gender ___M ___F
Grade (fall of '08) ___ This is my ___ year at camp.
FLW Fee \$ _____

Name _____
E-Mail _____
Birthdate _____ Age ___ Gender ___M ___F
Grade (fall of '08) ___ This is my ___ year at camp.
FLW Fee \$ _____

Name _____
E-Mail _____
Birthdate _____ Age ___ Gender ___M ___F
Grade (fall of '08) ___ This is my ___ year at camp.
FLW Fee \$ _____

***If youth/children live at a different location than adults attending, please indicate address :**

Address _____ City _____ State _____ Zip _____

Phone # _____ Church _____ Denomination _____

****If you need more space for additional youth/children, attach additional sheets of paper with full information.**

*Are you willing to share a cabin with another family/other people? Yes _____ No _____

*Do you have cabin-mate request? _____

*Aldersgate has an area for participants wishing to tent. *Are you bringing a tent? _____

*If yes, what size/type tent? _____

*Do you have any dietary requirements? (food allergies, vegetarian, no sugar, low fat, etc.) _____

*Do you have special needs that the staff should be aware of before you arrive? (wheelchair accessibility, limited mobility, housing considerations, etc.) _____

Office Use

Total FLW Fees: \$ _____

First time family discount: \$ _____

Balance due: \$ _____

\$1.00 donation to Special Needs Campership Fund (optional) \$ _____

Amount Enclosed: \$ _____

Weekend	
# of F Adults:	_____
# of M Adults:	_____
# of F Youth:	_____
# of M Youth:	_____
# of F Children:	_____
# of M Children:	_____
Total #	_____

****Note: A deposit of \$100 must accompany registration form.**

Method of Payment: Check Visa MasterCard

Card # _____ Expiration Date (XX/YY) _____

Signature _____ **Printed Name** _____

Cardholders Address _____

I hereby register (or register my child/family) in the above named event(s). I give permission for my (my child's/family's) name and address to be shared with my (my child's/family's) event group, and for still/video picture of me (my child) to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care as needed.

Signature: _____ **Date** _____

Registration Procedures

- A deposit of \$100 must accompany registrations. The remaining balance is due 3 weeks prior to the weekend start date.
- Shortly after we receive your registration, you will receive a confirmation letter and a health form for each person attending.
- Full refunds will be issued only in cases of documented medical concern or a death in the family which prohibits attendance. Cancellations for other reasons will result in the loss of the deposit. No refund is offered for cancellations within two weeks of the start of the weekend and any remaining balance will be due in full as per CCRM policy.
- If you have questions or concerns regarding registration, schedule, or refunds, please contact the office at 315-364-8756.

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Aldersgate Camp & Retreat Center 3343 ST. RT. 38, Moravia, NY 13118**

Or contact Aldersgate by *e-mail* at registrar@aldersgateny.org, *call* 315-364-8756 or *fax* 315-364-7636

We are excited that your family will be joining us and look forward to seeing you soon!