

FAMILY LIFE WEEKEND 2009

At Aldersgate Camp and Retreat Center

Family Life Weekend begins Friday, July 17, 2009 with check-in at 5:00 PM and buffet dinner beginning at 5:00 PM.
The weekend concludes Sunday, July 19, 2009 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, 2009 (After 6/15/09 please call the Aldersgate office for availability. Registrations postmarked after 6/15/09 will be charged a \$15 late fee per *family*.)

Please make checks payable to: Camps, Conferences and Retreat Ministries (CCRM)
Rates are as follows: FLW: Adults (13+) \$108; Children (4-12) \$70; Children 3 and under Free
Family Cap for a nuclear Family \$375. (Add \$15 per family after 6/15/09.)

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 '09) ___ This is my ___ year at camp.
FLW Fee \$ _____

Name _____
E-Mail _____
Birthdate _____ Age ___ Gender ___ M ___ F
Grade (fall of '09) ___ This is my ___ year at camp.
FLW Fee \$ _____

Name _____
E-Mail _____
Birthdate _____ Age ___ Gender ___ M ___ F
Grade (fall of '09) ___ This is my ___ year at camp.
FLW Fee \$ _____

Name _____
E-Mail _____
Birthdate _____ Age ___ Gender ___ M ___ F
Grade (fall of '09) ___ 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.**

*Do you have cabin-mate request? No: ___ Yes: ___ If so, who? _____

*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) \$ _____

Late Registration Fee (\$15 after 6/15/09) \$ _____

Amount Enclosed: \$ _____

Weekend
of F Adults: _____
of M Adults: _____
of F Children: _____
of M Children: _____
of F 3 & Under: _____
of M 3 & Under: _____
Total # _____

****Note: A deposit of \$108 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 \$108 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.
- For questions regarding registration, schedule, or refunds, please contact the office at 315-364-8756.

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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!