

Family Life Weekend 2011

Aldersgate Camp & Retreat Center

Friday, July 15 – Sunday, July 17.

5pm check-in with buffet dinner. Closing circle on Sunday at 1:15 pm.

To register, fill out the information below and send it with payment to:
Aldersgate Camp & Retreat Center, 7955 Brantingham Rd., Greig, NY 13345
(Make check payable to The Upper New York Annual Conference of the UMC)

Registration Deadline: June 1, 2011

Registrations postmarked **after 6/1/11** will be charged a **\$15 late fee** per family

Rates are as follows:

Adults & Teens \$154 (ages 13+)

Children \$73 (ages 4-12):

Wee-Ones (age 3 and under) FREE

Maximum Family Charge: \$454

First Time Family Discount: \$20 off! 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 _____

Name _____

E-mail _____

Birthdate _____ Age _____ Gender: M/F

This is my _____ year at camp. Fee \$ _____

Name _____

E-mail _____

Birthdate _____ Age _____ Gender: M/F

This is my _____ year at camp. Fee \$ _____

Name _____

E-mail _____

Birthdate _____ Age _____ Gender: M/F

This is my _____ year at camp. Fee \$ _____

Name _____

E-mail _____

Birthdate _____ Age _____ Gender: M/F

This is my _____ year at camp. Fee \$ _____

Wee-One

Name _____

Birthdate _____ Age _____ Gender: _____ :M/F

Name _____

Birthdate _____ Age _____ Gender: _____ :M/F

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

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: _____

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

Address _____	City _____	State _____	Zip Code _____
Phone Number _____	Church _____	Denomination _____	

****If you need space for additional youth/children, please attach their complete information on another sheet.**

Do you have a cabin-mate request? _____ If so, who? _____

Does anyone in your family have any dietary requirements? (food allergies, vegetarian, no sugar, low fat, etc.) _____

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

Total Fees:	\$ _____
First time family discount:	\$ _____
Late Registration Fee (\$15 after 6/1/11):	\$ _____
Amount Enclosed:	\$ _____

Office Use

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

*****Note: A Deposit of \$120 MUST accompany registration form.**

Method of payment: check (Check # _____) Visa MasterCard

Card # _____ Expiration Date (MM/YY) _____

Cardholder's Signature _____ **Printed Name** _____

Cardholder's Address _____

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

Signature: _____ **Date:** _____

Registration Procedures

* Send this registration form by mail to Aldersgate Camp & Retreat Center, 7955 Brantingham Rd., Greig, NY 13345 OR fax it to 315-348-4279.

* A deposit of \$75 per person must accompany registrations. The remaining balance is due **June 24, 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 CRM policy.

* For questions regarding registration, schedules, or refunds, please contact the office at 315-348-8833 or by e-mail at registrar@aldersgateny.org

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