

# Family Life Weekend 2010

Aldersgate Camp & Retreat Center

Friday, July 16 – Sunday, July 18.

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

**Registration Deadline: June 1, 2010**

Registrations postmarked after 6/1/10 will be charged a \$15 late fee per family

**Please make checks payable to:** Aldersgate Camp & Retreat

**Rates are as follows:** Adults (ages 13+): \$154; Ages 4-12: \$73; Age 3 and under: Free  
Maximum Nuclear 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 \_\_\_\_\_

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: \_\_\_\_\_

## Youth/Children (ages 4 & up)

Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_ Gender: M \_\_\_ F \_\_\_  
Grade (fall '10) \_\_\_ This is my \_\_\_ year at camp.  
Fee \$ \_\_\_\_\_

Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_ Gender: M \_\_\_ F \_\_\_  
Grade (fall '10) \_\_\_ This is my \_\_\_ year at camp.  
Fee \$ \_\_\_\_\_

Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_ Gender: M \_\_\_ F \_\_\_  
Grade (fall '10) \_\_\_ This is my \_\_\_ year at camp.  
Fee \$ \_\_\_\_\_

Name \_\_\_\_\_  
E-mail \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_ Gender: M \_\_\_ F \_\_\_  
Grade (fall '10) \_\_\_ This is my \_\_\_ year at camp.  
Fee \$ \_\_\_\_\_

**\*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:** \$ \_\_\_\_\_  
**Balance Due:** \$ \_\_\_\_\_  
**\$1.00 donation to Special Needs**  
**Campership Fund (optional):** \$ \_\_\_\_\_  
**Late Registration Fee (\$15 after 6/1/10):** \$ \_\_\_\_\_  
**Amount Enclosed:** \$ \_\_\_\_\_

**Office Use**

<b>Weekend</b> # F Adults: _____ # M Adults: _____ # F Children: _____ # M Children: _____ # F 3&Under: _____ # M 3&Under: _____ <b>Total #</b> _____
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**\*\*\*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 \$120 must accompany registrations. The remaining balance is due **June 25, 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 315-348-8833 or by e-mail at [registrar@aldersgateny.org](mailto:registrar@aldersgateny.org)

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