

## FAMILY CAMP 2012 REGISTRATION

358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: 906.265.2117 Fax: 906.265.5123  
www.cpbpc.com | cpbc@cpbc.com

*Please complete this form, and mail it with a \$250 non-refundable deposit or fax it to camp. Please make checks payable to Covenant Point Bible Camp.*

### Contact Information

Parents name(s) \_\_\_\_\_  
Last First

Child's name \_\_\_\_\_ Grade in fall 2012 \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Child's name \_\_\_\_\_ Grade in fall 2012 \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

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Child's name \_\_\_\_\_ Grade in fall 2012 \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

☐ Dietary Restrictions \_\_\_\_\_ (Please call or email with details)

### Please select the camp you wish to attend:

☐ PF20 June 24 – 30

☐ PF60 July 22 - 28

☐ PF70 July 29 – August 4

### Payment Information & Camp fees:

____Adults	@ \$350	\$
____Ages 9-17	@ \$290	\$
____Ages 3-8	@ \$160	\$
____Under age 3	@ \$60	\$
	<b>SUBTOTAL</b>	\$ .
	<b>DEPOSIT \$250 (non-refundable)</b>	\$
	<b>BALANCE DUE \$1475 Max per family \$ 550 Min per family</b>	\$ .

Check enclosed: \$ \_\_\_\_\_ Check number: # \_\_\_\_\_  
*Please make checks payable to Covenant Point Bible Camp.*

( ) Visa ( ) MasterCard ( ) Discover

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

☐ I agree to pay full camp fees due.

Signature \_\_\_\_\_