REGISTRATION FORM - 2016

Use this form to hold reservations or add your name to our mailing and e-mail contact lists. A deposit of \$50.00 per person must accompany this form to assure your

reservation. Deposits must be received by November 16, 2016. Checks may be made to: Celebration Services Inc. 8 Woodburn Court, Swannanoa, NC 28778



☐ Email List ☐ E-Newsletter List Please add me to the:

Please list all attendees with birthdate & gender. This will help in our planning the event.

Norma							•	•	Dinth data
Name									Birthdate
Street or mailing	ng addres	ss:						L	
City:			1	Sta	ate		Zip		
Email Address:				Email Address:			ldress	: :	
Phone:	Pho				none:				
Number of Roo	ded	Dietary Needs							
Please check box			ply:		,				
On-Site Campe		Commuter							
Need roll away							Early Arrival		
(\$10.00 extra f	or weeke	end)							
Need Crib	Need to	Need to monitor children during nighttime adult dance party							
New to camp						s have y	you at	tended?	
I would like to contribute \$10.00, \$20.00, \$50.00 \$							to the Scholarship Fund.		
I could rea <u>lly</u> u	ise some	schola	arship	financ	cial	aid in o	rder	to atte <u>nd</u>	. Please contact me.

REGISTRATION FEES: A deposit of \$50.00 PER PERSON is required to register.

Deposit can be refunded up to November 16th.

MAIL TO: Beth Gunn 8 Woodburn Court, Swannanoa, NC 28778

Rooms: \$204.00 (regardless of number of occupants) for the weekend.

Meals: On-Site participants, Adults (13 and up) \$96.00, Children (3-12) \$52.00 Infants (0-2) Free Meals: Commuter participants, Adults (13 and up) \$78.00, Children (3-12) \$46.00, Infants (0-2) Free

Program Fees: All participants, Adults (13 and up) \$140.00, Children (6-12) \$100.00, Children (0-5) \$70.00

OFFICE USE ONLY:	Deposit Received	Donation to Scholarship Fund	Confirmed Date:
Balance Due:	\$		