Name			Spouse's Na	Spouse's Name (if attending)					
)			
Vour Dirthdo		Phone Number & Type/ //							
Your Birthuay	y/ / / 	Spoi	use's Birthday (ii	attending)	/ MM	DD	YY		
Names and b	irthdays of children attending	g (MM/DD/YY)							
Home Church	1								
Housing Op	otions (<u>Circle</u> which lodging	you prefer. M	lany fill months	in advance	e. Call to inqu	ire about a	vailability.)		
1) l	Lodges	2) Cabins*		3)	Camping				
-	Schlichting Inn - \$285		Treetoppers - \$150		RV Camping** - \$90				
	<u> </u>		Hickory Grove Cabins - \$120		Tent Camping - \$60 (no electric)				
\	o .		vood Knob Cabins - \$120						
	ohnson Lodge - \$180		*Only Treetopper Cabins have heat/AC.		No Housing Needed - \$0				
E	Bunkhouse - \$180	For all three cabin areas, restrooms are in a separate, central building located nearby.			Please explai	n:			
**If vou seled	cted "RV Camping" above, ple	·	=	•	ninas or slide o	uts. amps of	electricity		
	er or sewer needs, etc.).	•							
Large full hoo	k-up sites fill a year in advance	& cannot be gud	aranteed. Call us d	at 515-547-2	2751 to inquire	about remai	ning sites.		
Meal Option	ns (Family Camp meals are Sat	urday brunch &	supper, Sunday b	runch & sup	pper, and Mon	day brunch.)			
		Age 12+	Age 4 – 11	Age 0 –	<u>3</u>	12+ 4-1	1 0-3		
1) All N	1eals:	\$40.00	\$25.00	\$0	Qty:				
2) All B	runches:	\$25.50	\$16.50	\$0	Qty:				
3) All Si	• •	\$17.00	\$11.00	\$0	Qty:				
	lay BBQ Supper Only:	\$8.50	\$8.50	\$0	Qty:				
5) Mon	day Brunch Only:	\$8.50	\$5.50	\$0	Qty:				
Any foo	od allergies?								
Programmi	ng Fees								
REQUIRED 1)	Program Fee - \$50 (Non-re	fundable; requii	red per family un	it [i.e. Mom	, Dad, kids]. C	overs up to 6	people.)		
2) /	Additional Person (age 4+) - \$	10 (Fee for noi	n-immediate fam	ily member	rs, friends, or f	amilies large	r than 6.)		
Payment			Total charges:		\$(Programming fees + housing + meals)				
1) Chec	sk #		Amount enc						
_,					(\$50 minimum required to register)				
					()	- 4-	J /		
2) Cred	lit Card Type (Please circle):	Visa	MasterCa	ard	Discover	Amex			
Nam	ne on Card:		CC#	·					
Exp.	Date: Card S	Security Code: _	Sign	nature:					
	ng Address (if different from								
		i abuvei.							
	18 Madress (II dillerent II oli	1 above)	Address		 City	 State	 Zip		

a place set apart for you 3837 Union Aye • Dayton, IA 50530 www.hacamps.org • (515) 547-2751 **Medical & Liability Statement:** I acknowledge that participation in camp activities involves risk to myself and my family, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in camp activities, I acknowledge and accept the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. I accept personal financial responsibility for any injury or other loss sustained during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to me or my family that is authorized by Hidden Acres or its employees, volunteers or any other representatives (collectively, referred to hereinafter as "Hidden Acres Christian Center"). Further, I release and promise to indemnify, defend and hold harmless Hidden Acres Christian Center for any injury arising directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injury arises out of the negligence of Hidden Acres Christian Center, myself, or otherwise.

Media Statement: I hereby grant permission to Hidden Acres to record, by videotape, photograph, or other means of reproduction, the voice, image, and physical likeness of myself and my family, and to use any such recorded material for promotional and marketing purposes, such as printed brochures, social media websites, the Hidden Acres' website and other forms of electronic publications, without further consent or compensation.

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres Christian Center, your payment will be returned, and you will not be registered for this event.

Head of Household Signature:	Date Signed:
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Submission Options