

Memorial Day Family Camp • May 24-27, 2019

Arrival & Check-in: 4pm on Friday 5/24

Name _____ Spouse's Name (if attending) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number & Type _____

Your Birthday / / Spouse's Birthday (if attending) / /
MM DD YY MM DD YY

Names and birthdays of children attending (MM/DD/YY) _____

Home Church _____

Housing Options (Circle which lodging you prefer. Many fill months in advance. Call to inquire about availability.)

1) Lodges

- Schlichting Inn - \$285
- Main Lodge - \$180
- Welcome Center - \$180
- Johnson Lodge - \$180
- Bunkhouse - \$180

2) Cabins*

- Treetoppers - \$150
- Hickory Grove Cabins - \$120
- Basswood Knob Cabins - \$120

**Only Treetopper Cabins have heat/AC.
For all three cabin areas, restrooms are in a separate, central building located nearby.*

3) Camping

- RV Camping** - \$90
- Tent Camping - \$60 (no electric)
- Wilderness Camping - \$90 (limited electric)
Outmost tents & cots provided

4) No Housing Needed - \$0

Please explain: _____

****For "RV Camping", please describe your RV's size & amenity needs:** _____

Large full hook-up sites fill a year in advance & cannot be guaranteed. Call us at 515-547-2751 to inquire about remaining sites.

Meal Options (Family Camp meals are Saturday brunch & supper, Sunday brunch & supper, and Monday brunch.)

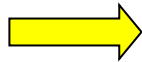
	<u>Age 12+</u>	<u>Age 4 - 11</u>	<u>Age 0 - 3</u>	12+	4-11	0-3
1) All Meals:	\$45.00	\$30.00	\$0	Qty: _____	_____	_____
2) All Brunches:	\$27.00	\$18.00	\$0	Qty: _____	_____	_____
3) All Suppers:	\$18.00	\$12.00	\$0	Qty: _____	_____	_____
4) Monday Brunch Only:	\$9.00	\$6.00	\$0	Qty: _____	_____	_____

Does anyone have food allergies? _____

Programming Fees

- REQUIRED** 1) Program Fee - \$50 (Non-refundable; required per family unit [i.e. Mom, Dad, kids]. Covers up to 6 people.)
- 2) Additional Person (age 4+) - \$10 (Fee for non-immediate family members, friends, or families larger than 6.)

Payment



Total charges: \$ _____
(Programming fees + housing + meals)

1) Check # _____ **Amount enclosed:** \$ _____
(\$50 minimum required to register)

2) Credit Card Type (Please circle): Visa MasterCard Discover Amex
Name on Card: _____ CC#: _____

Exp. Date: _____ Card Security Code: _____ Signature: _____

Billing Address (if different from above): _____

Address City State Zip



Waiver signature required on back →

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:** _____

Submission Options

- 1) Mail to: Hidden Acres Christian Center | 3837 Union Ave. | Dayton, IA 50530
- 2) Fax to Hidden Acres at 515-547-2752
- 3) Scan and email to rachelle.rasmussen@hacamps.org