# 2012 Lake Geneva Christian Center Family Camp

Please return this entire form with your payment to: LGCC
605 Birch Ave. Alexandria, MN 56308

Please use one registration form per family. Thank you for printing clearly!

**Name** (main contact person) _____

Street Address _____

City/State_____ Zip Code _____

Cell Phone _____ Home _____

Email Address _____

Number attending with you: _____

**A REGISTRATION DEPOSIT of at least 50% of the total due must be included with this registration form. Full payment is due in our office by April 30, 2012.** Refunds, less a $50 administrative fee, will be given for cancellations received through Friday, June 1, 2012. Registrations made after June 1st are by credit card only and no refunds will be given after that date. Any accommodation changes will incur a $25 handling fee.

*I have read and understand all LGCC guidelines and I, along with those attending with me, agree to abide by them. I understand there is a $5.00 key deposit for each key requested when I check in (Rustic Cabins do not have locks). This key deposit will be returned to me upon check out when I return the key(s).* *Sorry, LGCC is no longer able to accept key deposits using a credit card)

**Signed** _____**Date**_____
(Unsigned registration forms will be returned for signature without secured housing.)

**Credit Card Information:**
Card Number_____ MC V AEx D (circle one)

Name on Card _____Billing Zip Code _____

Expiration Date _____/_____

* Please indicate any special needs here: (ASL, handicap facilities, etc.)

## FAMILY CAMP PAYMENT WORKSHEET

Please check all **NIGHTS** you are requesting housing for:

☐ Fri. - June 29 ☐ Sat. - June 30 ☐ Sun. - July 1
☐ Mon. - July 2 ☐ Tues. - July 3 ☐ Wed.- July 4
☐ Thurs. - July 5 ☐ Friday - July 6 ☐ Sat. - July 7

*Type of Housing Desired:* (specific housing requests, including RV sites, are taken on a first come-first served basis only and cannot be guaranteed)

1st Choice _____
2nd Choice _____
3rd Choice _____

RV Specifics:

Housing Cost per night $ _____
Number of Nights x _____
**Sub Total for Housing** = $_____

*Advance Meal Tickets* (number of tickets x cost per ticket)
Adults $_____ x _____ = _____
Children 4-11 $_____ x _____= _____

**Sub Totals for Meals** =$_____

Housing Sub Total $_____
Meals Sub Total + $_____
***Total Due*** = $_____

**50% Deposit $_____ or Full Payment $ _____**

***Balance Due by April 30th*: $_____**

This completed registration form and payments must be mailed to the camp at **605 Birch Ave. Alexandria, MN 56308**
We know you LOVE LGCC, but no one can be permitted on the grounds before Friday, June 29, 2012, 3:00 p.m. due to another group renting the facilities just prior to Family Camp.

**Check-in time is 3:00 p.m. and check-out is 11:00 a.m. every day.**

***Office Use Only***
Deposit Paid:
Payment Type:
Check Number:

Date Received:
Balance:
Dates Given:

Notes/Changes

**HOUSING Given:**

**Last Name:**