PILGRIM PINES
CAMP AND CONFERENCE CENTER

'Treasuring Time With Grand-Angels'

Grandparent's Camp check-in begins Friday September 3rd at 7pm.

Each family must complete a separate registration and health forms. If several families are coming as a group from one church, please submit your registration form to the coordinator from your church. The church can then mail your registration forms along with others from the church and handle the matter with one payment. Participating families who wish to register separately may do so with this form and mail with payment directly to Pilgrim Pines.
Please note that this is a family event and families will be assigned housing together. If churches wish to share cabins please note this on the registration form.

Family Name			Date
Mailing Address			
City	State	Zip	Home Phone
Cell Phone	UCC Church Name & City		

Please list all participants below and note whether each is an adult, youth, child or infant.

Names:	**Adult, Youth, Child, Infant**	**Names:**	**Adult, Youth, Child, Infant**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fee categories are as follows: **Adults**: 14 and older, **Youth**: 8-13, **Child**: 4-7, **Infants** 3 and under are free.
Subsequent members of a family (within each age group) receive a discounted price.
Please Note: Minors, below the age of 18 must have at least one adult in their sleeping quarters.

Camp Schedule
Saturday Breakfast through Sunday Lunch

**** What To Bring****
- Bedding and pillow
- Bath and pool towels
- Toiletries, soap, etc.
- Warm clothes
- Closed toe shoes
- Bug repellent and sunscreen
- Music/props for the talent show

Total Count:
(ex. Total # each adult 1, 2 & 3)

		#	**Total Due**
Adult # 1	@ 100.00	_____	_____
Adult # 2	@ 80.00	_____	_____
Adult # 3, 4, etc.	@ 70.00	_____	_____
Youth # 1	@ 65.00	_____	_____
Youth # 2	@ 55.00	_____	_____
Youth # 3, 4, etc.	@ 45.00	_____	_____
Child # 1	@ 35.00	_____	_____
Child # 2, 3, etc.	@ 25.00	_____	_____
Infants	@ 0.00	_____	_____

Subtotal Due $_____

PLUS Late Fee of $10 per person if received after August 20th, 2010 $_____

Total Due $_____

If paying by credit card, please provide the name on the card, the card number, the expiration date, and the 3 digit Security Code from the back of the card.
Name _____, Card Number _____

Expiration date _____ 3-digit security code _____ Amount to be charged $_____

Signature Authorizing Credit Card Charge _____ Date _____

Please list any specific food requests, allergies, dietary needs, or other special needs to be considered, *please include restrictions on gluten, lactose, animal products, peanuts or nuts*, etc, _____

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