



Vacation, Family or Creative Arts Camp
2010 Application and Registration Form

Date _____

Email address _____

Name _____

Address _____

City _____ State ____ Zip _____

Phone _____

Home Church _____

Family members who will be attending:

Name	Child age
Name	Child age
Name	Child age
Name	Child age
Name	Child age
Name	Child age

Check the camp you plan to attend (if registering for more than one camp, please submit separate application forms for each).

Vacation Camp
July 8 – July 11, 2010

Family Camp
Sept. 3 – Sept. 6, 2010

Creative Arts Camp
Sept. 17 – Sept. 19, 2010

Pricing

Please see the Camp Keola website for an explanation of prices (www.campkeola.org/registration.shtml).

Accommodations:

You may request a cabin of 8 beds if you submit applications for 8 campers, respectively. Your request must be accompanied by full payment. Cabin registrations will be granted on a first-come-first-served basis and actual cabin assignments will be made by the Registrar based on number of people who register for camp, age of camper and special needs.

Keola Cabin Own Tent Own R.V.
 Other, specify _____

Preferred cabin mates: _____

For all camps:

Expected arrival date
First meal: Breakfast Lunch Dinner
Expected departure date
Last meal: Breakfast Lunch Dinner
*Please notify the camp if the arrival or departure dates change.

Fee Estimate

Camp fee	
Total	=
Amount enclosed with registration.	\$
Check #	
*Please make checks payable to Camp Keola	

I have read the Camp Rules and agree to abide by them. In the event the applicant/camper herein should need medical attention, the undersigned grants permission to the Camp Keola staff to arrange for this service.

Camper's signature

Send the completed registration to:

Registrar, Camp Keola
P.O. Box 111
Reedley, CA 93654

You will receive a confirmation letter and a map once your registration has been processed.

If you have questions you may call (559) 348-3213 or email info@campkeola.org.

This form may be duplicated.