



Family Fest 2014
All Saints Camp
August 29—September 1, 2014



Registration

Name of Participant (s) _____

Address _____

Fees include lodging, all meals, use of ASC facilities and participation in encampment activities.

#Adults: _____ @ \$85.00 = \$ _____
#Students (12-22): _____ @ \$65.00 = \$ _____
#Children (6-11): _____ @ \$45.00 = \$ _____
#Children (0-5): _____ @ No Charge



TOTAL = \$ _____

>I would like to donate \$ _____ to help subsidize a family who may not otherwise be able to participate in Family Fest. *Thank you!*

TOTAL AMOUNT ENCLOSED: \$ _____

Enclose check payable to **ALL SAINTS CAMP**

Please send completed registration form by August 20, 2014 to:

Family Fest c/o Christine Mills 641 N. Allerton Ct. Moon Township, PA 15108

Email: cmills63@comcast.net Phone: 412-716-0562

Planned arrival day and time: _____

(Arrival: Fri., August 29th from 6:00 PM—?; Departure: Mon., September 1st at Noon)

I (we) have read and understand the enclosed Rules and Policies and have discussed them with all members of my party. I understand that there are no counselors involved with this encampment and the supervision of any minors in my party is my own sole responsibility. By registering with the encampment, I am confirming my agreement to adhere to all "All Saints Camp and Family Fest Rules and Policies."

X _____

Signature

Printed Name

Date