Mt. Hermon Family Camp Registration Form

Name(s) and ages (if 18 or under) of campers:

Address:

Phone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days Attending: \_\_\_\_\_\_\_Friday \_\_\_\_\_Saturday \_\_\_\_Sunday

Accommodations Preferred: \_\_\_\_\_ Cabin \_\_\_\_\_\_Tent Space

\_\_\_\_\_\_Camper Hook-up

(You will be notified if your preference is not available and we will work out another solution.)

T-Shirt Size and Quantity (Put the number needed in the blank before the required size.) \_\_\_\_\_Youth Small \_\_\_\_Youth Medium \_\_\_\_\_Youth Large \_\_\_\_\_\_Adult Small

\_\_\_\_Adult Medium \_\_\_\_\_Adult Large \_\_\_\_Adult XL

\_\_\_Adult XXL

Dietary needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return registration with payment by September 1, 2015 to Mary Beth Tuttle/ 209 Miles Ave./ Lewiston, NE 68380 or email information to marybethtuttle@yahoo.com.

Mt. Hermon Family Camp Registration Form

Name(s) and ages (if 18 or under) of campers:

Address:

Phone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days Attending: \_\_\_\_\_\_\_Friday \_\_\_\_\_Saturday \_\_\_\_Sunday

Accommodations Preferred: \_\_\_\_\_ Cabin \_\_\_\_\_\_Tent Space

\_\_\_\_\_\_Camper Hook-up

(You will be notified if your preference is not available and we will work out another solution.)

T-Shirt Size and Quantity (Put the number needed in the blank before the required size.) \_\_\_\_\_Youth Small \_\_\_\_Youth Medium \_\_\_\_\_Youth Large \_\_\_\_\_\_Adult Small

\_\_\_\_Adult Medium \_\_\_\_\_Adult Large \_\_\_\_Adult XL

\_\_\_Adult XXL

Dietary needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return registration with payment by September 1, 2015 to Mary Beth Tuttle/ 209 Miles Ave./ Lewiston, NE 68380 or email information to marybethtuttle@yahoo.com.