

# 2008 Family Camp Application

August 29-September 1, 2008

PLEASE PRINT CLEARLY

## GENERAL INFORMATION

Name:			A non-refundable deposit of \$20.00 <b>per person</b> is required with this application.  Please fill out <u>ONE</u> application per (immediate) family. No faxed or old applications will be accepted.  <p style="text-align: center;"><i>No pets allowed.</i></p>
Mailing Address:			
City:	State:	ZIP:	
Home Phone: (     )     )	Day/Cell Phone: (     )     )		
Email:			



## LODGING

Preference	Accommodation	Ages 8-Adult	Ages 4-7	Please lodge us with/near:
	RV Site	\$ 100.00	\$ 90.00	
	Cabin	\$110.00	\$ 99.00	
	Mini Lodge	\$130.00	\$ 117.00	Family Name:
	Chalet	\$140.00	\$ 126.00	
	Room at Stillwaters Lodge	\$ 190.00	\$ 171.00	

## EARLY SIGN-UP FOR ACTIVITIES (limited space available)

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Mother &amp; Daughter Tea:</b> # moms/grandmas _____, # of daughters _____    | <input type="checkbox"/> <b>Family Photo</b>      |
| <input type="checkbox"/> <b>Father &amp; Son Model Rockets:</b> # fathers/grandpas _____, # of sons _____ | <input type="checkbox"/> <b>Couples' Picnic</b>   |
| <input type="checkbox"/> <b>Golf Cart Rental:</b> \$200/weekend, non-refundable rental fee (15 available) | <input type="checkbox"/> <b>Family Canoe Trip</b> |

## FAMILY CAMPERS & FINANCES

Name	Age	Cost	WE ACCEPT: (please circle)   	
		\$	Cardholder's Name:	
		\$	Billing address, if different than address above:	
		\$	Card #:	Exp. Date:
		\$	Authorized amount to charge to this card:	\$
<b>Total Cost</b>		\$	Signature:	

## FOR OFFICE USE ONLY

	Amount	Date	Receipt #
Deposit:	\$		
Balance:	\$		
Lodging:			

**Mail application and send check payable to: Camp Kulaqua**  
**Attn: Family Camp**  
**23400 NW 212<sup>th</sup> Ave.**  
**High Springs, FL 32643**