

2010 Florida Conference Camp Meeting Application

March 4-March 7, 2010

PLEASE PRINT CLEARLY

GENERAL INFORMATION		
Full Name:		Please fill out ONE application per (immediate) family. No faxed or old applications will be accepted. PLEASE NOTE: Payment in full is required to secure your reservation. Personal checks are no longer accepted. Payment must be made with cashiers check, money order or credit/debit card. <i>No pets allowed.</i>
Mailing Address:		
City:	State: ZIP:	
Home Phone: ()	Day/Cell Phone: ()	
Email Address:		
There are [] members of my family. Children's ages: []		
Church I Attend:		

LODGING (Preferences assigned according to availability)				
Preference (1,2,3..)	Accommodations	Fri.-Sat. (2 Nights)	Thurs.-Sat. (3 Nights)	Price Per Night
	Tent Site: No electric. Water and restroom nearby	<input type="checkbox"/>	<input type="checkbox"/>	\$9.25/night/site
	RV Site: Hookup for water , power, sewer	<input type="checkbox"/>	<input type="checkbox"/>	\$17.00/night/site
	Cabin (1 side): sleeps 5/side (Linens not included)	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.75/night/side
	Mini Lodge (room): sleeps 3-5/rm. (Linens not included)	<input type="checkbox"/>	<input type="checkbox"/>	\$42.75/night/room
	Family Chalet: sleeps 4-6 (Linens included)	<input type="checkbox"/>	<input type="checkbox"/>	\$79.25/night
FIRST PREFERENCE HOUSING x NUMBER OF NIGHTS =TOTAL ESTIMATE HOUSING COST				\$

FOOD SERVICE & FINANCES			
Meal	# of Meals ages 8+ \$7.98/meal	# of Meals ages 4-7 \$6.98/meal	Name as it appears on the Credit/Debit Card:
Thursday Supper			WE ACCEPT:
Friday Breakfast			Card #: _____ Exp. Date: /
Friday Lunch			Billing address, if different than address above:
Friday Supper			Street Address: _____
Sabbath Breakfast			City: _____ State: _____ Zip: _____
Sabbath Lunch			Amount to be authorized on this card: _____ \$
Sabbath Supper			Signature: _____
Sunday Breakfast			FOR OFFICE USE ONLY
Sunday Lunch			Ultra Camp Account #:
TOTAL MEALS COST	\$	\$	Assigned Lodging:
TOTAL ESTIMATE COST: (Lodging AND Meal Costs)	\$		PLEASE MAIL APPLICATION WITH PAYMENT TO: Camp Kulaqua 23400 NW 212 th Ave. High Springs, FL 32643 Phone: (386)454-1351

FOR IMMEDIATE REGISTRATION, REGISTER ONLINE AT: www.campkulaqua.com