



Family Camp 2010 Application

Please include a recent photograph of your entire family to this form and label the photo with names of all family campers.

- Family Camp Week: June 4-9 (Friday-Wednesday)
- Family Camp 2: August 6-8 (Friday-Sunday)

*All families are registered as completed applications are received
Please complete and return application ASAP in order to secure a spot for your family!*

ADULTS

First and Last name of primary adults **attending** camp:

Address: _____
Street City ST Zip

Home Phone: _____ Work Phone: _____ Cell #: _____

Church you attend: _____ Email: _____

Is there a health problem (allergies, etc.) that could affect your family at camp? (If yes, please explain): _____

CHILDREN (10 people per cabin except in special circumstances)

Total # in cabin: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Optional Preferences:

We try to place those families with younger children as close to the dining hall as possible. We make NO GUARANTEES on actual counselor or cabin assignments, but your preferences will help us accommodate you as best we can.

Counselor Preference: Male Female One family as a "camp neighbor": _____

Would you like to share a cabin with another family? _____ If so, who? _____

Will there be any adults in your family not staying for the full week? If yes, please list their names and expected dates of their stay: _____

2010 RATES *A \$100 deposit is required for registration.*
(Some financial aid may be available to members of FPCC)

Family Camp Week (June 4-9)

13 years or older	_____ X \$275 =	_____	Total Due:	_____
6-12 years old	_____ X \$220 =	_____	Deposit Pd:	_____
2-5 years old	_____ X \$165 =	_____	Bal. Due:	_____
0-1 years old	_____ X \$55 =	_____		
	Total	_____		<i>(Minimum requirement of \$850 per cabin)</i>

Family Camp Weekend (August 6-8)

13 years or older	_____ X \$95 =	_____	Total Due:	_____
6-12 years old	_____ X \$75 =	_____	Deposit Pd:	_____
2-5 years old	_____ X \$55 =	_____	Bal. Due:	_____
0-1 years old	_____ X \$20 =	_____		
	Total	_____		<i>(Minimum requirement of \$400 per cabin)</i>

PAYMENT (Please select one of two methods of payment – Credit Card or Check)

Would you like a video of your week at Family Camp? **Yes** **No** **(Add \$10 to payment)**

Credit Card: MasterCard Visa Card #: _____ - _____ - _____ - _____

Exp. Date: _____ / _____ CVV Code: _____ (CVV Code is the last 3 digits on back of card)

Total Charge: _____ Please print Cardholder's Name & Address: _____

(If you charge your deposit, we will not charge your card for the balance unless you call and request us to do so.)

Or **Check:** Total Amount: _____ Check #: _____

Please make all checks payable to First Presbyterian Church, CVP.
 Return this application along with all forms and payments to:
 Camp Vesper Point 554 McCallie Avenue Chattanooga, TN 37402
 If submitting after May 31, mail to: 3216 Lee Pike, Soddy Daisy, TN 37379

Call us with any questions at (423) 648-7936 or email us at cvp@vesperpoint.org

For office use only:	Date Registered: _____	Total # in cabin: _____	
Check #: _____	Visa: _____	MC: _____	Amount: _____