



# Family Camp Weekend 2011 Application August 5 -7

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

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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: \_\_\_\_\_

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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 cabin assignments, but your preferences will help us accommodate you as best we can.

Is there one family you would like as a "camp neighbor"? \_\_\_\_\_

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

## COST

\$90 per person

No charge for children 4 & under

Minimum charge of \$400 per cabin

A \$100 deposit is required for registration

Deposits are non-refundable and non-transferable after June 1, 2011

Our staff will be overseeing the waterfront, meals and other activities throughout the weekend. If you would like a counselor assigned particularly to assist your family while at camp there is an additional charge of \$200.

- Yes, we want to have a counselor assigned to our family  
 No, we do not want a counselor assigned to our family

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## PAYMENT

Credit Card:  MasterCard  Visa

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Billing Address for Card: \_\_\_\_\_

CVV Code: \_\_\_\_\_ (CVV Code is the last 3 digits on back of card)

**Total Charge: \$**\_\_\_\_\_

(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](mailto:cvp@vesperpoint.org)

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## ARRIVAL & DEPARTURE

Arrive on Friday between 10:30 AM & 12:30 PM

Lunch served in Dining Hall at 1:00 PM

Depart mid-morning on Sunday after breakfast

Packing suggestions can be found on our website at [www.vesperpoint.org](http://www.vesperpoint.org) or call us at (423) 648-7936.

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