

CAMP 60s *More or Less*

CHAPEL ROCK, PRESCOTT ARIZONA
REGISTRATION FORM

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME CHURCH: _____

BIRTHDATE: _____ MALE OR FEMALE

EMAIL ADDRESS: _____ CONFIRM ADDRESS: _____

EMERGENCY CONTACT NAME/PHONE: _____

DOCTOR'S NAME/PHONE: _____

MEDICATIONS: Please bring a list of your medications with you when you travel to camp. This
will be helpful to the camp nurse in case of a medical emergency.

ROOMMATE REQUEST: _____

SPECIAL CONSIDERATIONS NEEDED: _____

TRANSPORTATION: YES, I WILL NEED A RIDE TO CAMP

NO, I DO NOT NEED TRANSPORTATION TO CAMP

I AM ABLE TO TAKE _____ PEOPLE IN MY CAR TO HELP OUT. _____

_____ I HAVE ENCLOSED MY NON-REFUNDABLE DEPOSIT OF \$50.00

I HAVE ENCLOSED THE AMOUNT OF \$220 FOR PAYMENT IN FULL (double occupancy)

I HAVE ENCLOSED THE AMOUNT OF \$300 FOR PAYMENT IN FULL (single occupancy)

PLEASE SEND THIS REGISTRATION FORM WITH YOUR DEPOSIT TO:

**CHAPEL ROCK
1131 COUNTRY CLUB DRIVE
PRESCOTT, AZ 86303**

QUESTIONS CALL 928-445-3499 OR 877-445-3499
www.chapelrock.net