

**REGISTRATION FORM for Spectrum's 22nd Annual Family Camp 2010 (July 9-11)**  
**RETURN THIS FORM WITH YOUR DEPOSIT BY APRIL 1st**

Camp registration fees include lodging, meals, activities, and program costs. **A deposit of 50% of your total registration fee must be received by Thursday, April 1st** in order to hold your family's place. The balance due must be received by no later than **Monday, May 3rd** or your reservation expires and is given to a waiting list family. **Space is limited, so send your registration form and deposit (or payment in full) as soon as possible to guarantee your family's registration.**

2010 REGISTRATION FEES	
Age	Fee (Fri - Sun)
Infants through age 2	No charge
3-5 years	\$ 50
6-11 years	\$ 110
12 years - adult	\$ 185

NAME <i>List each person separately</i>	AGE <i>For kids at time of camp</i>	GENDER <i>For cabin assignment purposes only</i>	MEAL PLAN <i>Circle one</i>	FEES
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**Cabin-sharing requests** (*we'll do our best to accommodate but cannot guarantee*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We will be tent camping- no cabin assignment needed

**PAYMENT METHOD:** \_\_\_\_\_ Check made payable to SPECTRUM

\_\_\_\_\_ Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard Expiration date: \_\_\_\_\_

Card Number \_\_\_\_\_ Billing Zip: \_\_\_\_\_

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

Signature \_\_\_\_\_

<b>TOTAL FEES DUE:</b> _____
<b>PAYMENT OPTIONS</b>
<input type="checkbox"/> Deposit (50%) enclosed: _____ Balance Due by May 3rd: _____
<input type="checkbox"/> Payment in full enclosed: _____

**PLEASE COMPLETE THIS INFORMATION, (EVEN IF YOU THINK WE HAVE IT RIGHT):**

Your Name: _____	
Mailing Address: _____	
City, State, Zip: _____	
Telephone #: (     ) _____	Email Address: _____

It is okay to publish all of the above contact information in the Camp Participant's directory.

Please publish only the checked information in the directory: \_\_\_Name \_\_\_Address \_\_\_Tel. # \_\_\_Email

**Parents and Teens: Please check at least one activity that you would assist in supervising during camp. If more than one, number in order of preference (1=most desirable):**

- |                             |                       |                                |
|-----------------------------|-----------------------|--------------------------------|
| ___ Arts and Crafts         | ___ Field Games       | ___ Snack Time (Saturday)      |
| ___ Bingo                   | ___ Greeting Ceremony | ___ Talent Show                |
| ___ Campfires               | ___ Meal Set-Up       | ___ Scavenger Hunt             |
| ___ Closing Circle (Sunday) | ___ Nature Hikes      | ___ Pre-Schooler Treasure Hunt |
| ___ Other: _____            |                       |                                |

**Return form to SPECTRUM FAMILY CAMP**

**30 North San Pedro Road, Suite 160, San Rafael, CA 94903 Fax: (415) 472-2158**

**Cancellation/Refund policy: If received in writing prior to May 3rd: 100% refund of all fees paid. May 3rd - June 30: 50% refund of all fees paid. After June 30th: No refund.**