

REGISTRATION

CAMP MEETING - AUGUST 10-12, 2018 - TRINITY PINES
 REGISTRATION DEADLINE: AUGUST 1, 2018 (\$20 LATE FEE)

Name(s) _____

Children's Names & Ages _____

Address _____

City/State/Zip _____

Phone _____ Home Church _____

Email _____

Please list special needs (i.e. dietary, accessibility accommodations, etc.) _____

ACCOMMODATIONS

Please mark nights you will stay at camp: Friday Saturday

Indicate housing preference below. Priority given to full-weekend participants. **Housing preference not guaranteed.**

- \$40/night** - **Cottage Room** (Sleeps 6 in Queen Bed/Bunk Beds; Main Level Restrooms en suite)
- \$30/night** - **Lodge Room** (Sleeps 12 in Bunk Beds; Restrooms shared w/ other Lodge Room)
- \$30/night** - **Conference Center Room** (Sleeps 14 in Bunk Beds; Restrooms in Conference Center hallway)
- \$15/night** - **RV Park in Aspen Valley** (South End of Property) 30 amp 50 amp Length _____
- \$10/night** - **Bunkhouse** (Sleeps 12 in Bunk Beds; Restrooms available in Lodges)
- \$10/night** - **Camp Site** (Bring your own tent; Restrooms available in RV Park)
- No Housing Needed** at Trinity Pines

TOTAL HOUSING FEES: _____

MEALS

Indicate which meals you need by **writing in a quantity**.

No Meals Needed at Trinity Pines

	FRI. DINNER	SAT. BREAKFAST	SAT. LUNCH	SAT. DINNER	SUN. BREAKFAST	SUN. LUNCH	
3 & UNDER FREE MEALS	FREE	FREE	FREE	FREE	FREE	FREE	QTY. _____ x \$0 = _____
AGES 4-12 \$6/MEAL	\$6	\$6	\$6	\$6	\$6	\$6	QTY. _____ x \$6 = _____
AGES 12+ \$8/MEAL	\$8	\$8	\$8	\$8	\$8	\$8	QTY. _____ x \$8 = _____

PAYMENT

CASH ENCLOSED **CHECK ENCLOSED** (payable to Trinity Pines) **CREDIT CARD** (Discover, MC, AmEx, VISA)

Name on Card _____

Card No. _____ Exp. Date _____ CVV _____ TOTAL CHARGED: _____

SEND COMPLETED FORM TO:
 Trinity Pines Camp / 55 SW 5th Avenue, Suite 100 / Meridian, ID 83642
QUESTIONS? Contact 208-888-0988 or cindy@amgidaho.com
REGISTRATION FORMS ONLINE AT: www.tpines.org/camp-meeting

FOR OFFICE USE

DATE _____

AMT _____

CH. NO. _____