

2021 REGISTRATION

Name(s) _____

Mailing Address _____

City/State/Zip _____

Phone _____

Email _____

Home Church _____

Number planning to attend _____

RV: 30amp 50amp Length _____

Please indicate ages of family members attending:

Please indicate lodging preference:

- Conference Center Dorms
- Cottage Room
- Own RV or Tent
- Lodge (Large groups only)

Please indicate which nights you need lodging:

- Thursday
- Friday
- Saturday

Please indicate the meals you plan to participate in:

- | | |
|--|--|
| <input type="checkbox"/> Thurs Dinner | <input type="checkbox"/> Sat Breakfast |
| <input type="checkbox"/> Fri Breakfast | <input type="checkbox"/> Sat Lunch |
| <input type="checkbox"/> Fri Lunch | <input type="checkbox"/> Sat Dinner |
| <input type="checkbox"/> Fri Dinner | NO SUN BREAKFAST |

Return form to: Trinity Pines Camp
P.O. Box 1269
Cascade, ID 83611

Or e-mail info to: office@tpines.org