

# 2023 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:

- Wednesday
- Thursday
- Friday
- Saturday

Please indicate the meals you plan to participate in:

- Wed Dinner
- Thurs Breakfast
- Thurs Lunch
- Thurs Dinner
- Fri Breakfast
- Fri Lunch
- Fri Dinner
- Sat Breakfast
- Sat Lunch
- Sat Dinner
- Sun Breakfast

Return form to: Trinity Pines Camp  
349 Cabarton Road  
Cascade, ID 83611

Or e-mail info to: [office@tpines.org](mailto:office@tpines.org)