

2024 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