

# Quilt/Family Camp Registration

**Please print.** Use one form per program. Feel free to make additional copies.  
Send this form with deposit/payment (checks payable to **Hope Center**)  
Mail to: *Hope Center, P.O. Box 165, Hope NJ 07844*

Name \_\_\_\_\_

Registering for (Program) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone(\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_) \_\_\_\_\_ E~mail \_\_\_\_\_

Home Church & Denomination \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Memorial Day Family Camp**, please complete the following

(check all that apply)

Cabin # requested \_\_\_\_\_  Site # requested \_\_\_\_\_

Cabin-mate request \_\_\_\_\_

Tent/Trailer w/electric  Tent/Trailer w/o electric

**Memorial Family Camp -**

please use a separate sheet to list the **name, address and gender** of adults and children attending.

**Quilt Camp** *No early registration discounts available for this camp..*

I plan to attend the following days/nights  **All** (4 days/nights)

Wed./day  Thur./day  Fri./day  Sat./day

Wed./night  Thur./night  Fri./night

1. Total fee + \$ \_\_\_\_\_

2. Deposit (ck # \_\_\_\_\_) - \$ \_\_\_\_\_

*(See pages 19 & 20 for deposit requirements.)*

3. CAMBERSHIP DONATION\* + \$ \_\_\_\_\_

4. Balance Due = \$ \_\_\_\_\_

\*Campership Donations benefit financially needy campers. Thank you.