



FOR OFFICIAL USE ONLY

Date Rec'd. _____

Dep. Amt. _____

Check # _____

For Summer of _____

Family Camp Application

A deposit of \$500 is required to hold a place for each family. In case of cancellation, \$250 is refundable prior to May 15. Full payment is required by opening day.

Parent's Name _____
FIRST LAST

Address _____
STREET CITY STATE ZIP

Email _____ Home Phone _____
AREA CODE

Cell Phone _____ Business Phone _____
AREA CODE AREA CODE

Family Names and Ages (of children):

NAME DATE OF BIRTH AGE WHILE ATTENDING FAMILY CAMP

NAME DATE OF BIRTH AGE WHILE ATTENDING FAMILY CAMP

NAME DATE OF BIRTH AGE WHILE ATTENDING FAMILY CAMP

NAME DATE OF BIRTH AGE WHILE ATTENDING FAMILY CAMP

Christian Science Branch Church Regularly Attended: _____

Have you attended Leelanau/Kohahna Family Camp before? _____ If so, which years? _____

Additional Information/Comments: _____

DEPOSIT: \$500 Due with application

Family Camp is established and maintained for families who attend a Christian Science Church and Sunday School throughout the year. The moral standards of Christian Science will be upheld by all those attending Family Camp. The camp reserves the right to place families in appropriately sized accommodations.

Signature:

APPLICANT DATE