

# 2010 Grand camp registration form

Please fill out Grandchild information for each grandchild. If you have more than one grandchild, please use the second page to provide information for each one.

Lunch for both grandparents and grandchildren is included in the program fee. The optional meals fee include 3 breakfasts and 3 dinners.

A limited number of cabins may be available. Please contact the camp office at 920-787-3202 or office@campphillip.com if you are interested.

Mail this form with total payment to:

Camp Phillip Grand camp  
W9944 Buttercup Ave  
Wautoma, WI 54982-7032

or fax this form with MasterCard or Visa number to 920-787-0032.

*Registration indicates that Camp Phillip has permission to use photos of this applicant for its promotional efforts and store sales.*

## Grandchild information

Have you attended Camp Phillip before?  Yes  No

Grandchild's full name \_\_\_\_\_

Male  Female Birthdate \_\_\_\_\_ 2009-10 grade level \_\_\_\_\_

Parent/guardian's last name \_\_\_\_\_

First name--Male \_\_\_\_\_ First name--Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone (with area code) \_\_\_\_\_

Church name \_\_\_\_\_

Church city \_\_\_\_\_

## Grandparent information

Have you attended Camp Phillip before?  Yes  No

Grandparent(s) last name \_\_\_\_\_

First name--Male \_\_\_\_\_ First name--Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone (with area code) \_\_\_\_\_

Church name \_\_\_\_\_

Church city \_\_\_\_\_

## Fees

Program fee ..... \$ \_\_\_\_\_

\_\_\_\_\_ # of grandchildren x \$72

Lodging (check your lodging choice below). ..... \$ \_\_\_\_\_

Non-electric site--\$18/night x \_\_\_\_\_ nights

Electric site--\$22/night x \_\_\_\_\_ nights

Water and electric site--\$24/night x \_\_\_\_\_ nights

Optional meals (indicate number of people on lines below) . \$ \_\_\_\_\_

\_\_\_\_\_ Food service for each grandparent--\$36

\_\_\_\_\_ Food service for each grandchild--\$33

\_\_\_\_\_ Food service for grandchild (ages 5 & below)--Free

Total of all above fees ..... \$ \_\_\_\_\_

Congregational member discount (10% off total fees) . . . . - \$ \_\_\_\_\_

(Check the website page "About us → Congregational/Individual members → Congregational members" to see if your congregation is a corporation congregation.)

Total. .... \$ \_\_\_\_\_

Payment method:

Check  MasterCard / Visa.

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Amount to be charged \_\_\_\_\_

Signature \_\_\_\_\_

**Grandchild information**Have you attended Camp Phillip before?  Yes  No

Grandchild's full name \_\_\_\_\_

 Male  Female Birthdate \_\_\_\_\_ 2009-10 grade level \_\_\_\_\_

Parent/guardian's last name \_\_\_\_\_

First name--Male \_\_\_\_\_ First name--Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone (with area code) \_\_\_\_\_

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Church city \_\_\_\_\_

**Grandchild information**Have you attended Camp Phillip before?  Yes  No

Grandchild's full name \_\_\_\_\_

 Male  Female Birthdate \_\_\_\_\_ 2009-10 grade level \_\_\_\_\_

Parent/guardian's last name \_\_\_\_\_

First name--Male \_\_\_\_\_ First name--Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

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Church city \_\_\_\_\_

**Grandchild information**Have you attended Camp Phillip before?  Yes  No

Grandchild's full name \_\_\_\_\_

 Male  Female Birthdate \_\_\_\_\_ 2009-10 grade level \_\_\_\_\_

Parent/guardian's last name \_\_\_\_\_

First name--Male \_\_\_\_\_ First name--Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone (with area code) \_\_\_\_\_

Church name \_\_\_\_\_

Church city \_\_\_\_\_

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Grandchild's full name \_\_\_\_\_

 Male  Female Birthdate \_\_\_\_\_ 2009-10 grade level \_\_\_\_\_

Parent/guardian's last name \_\_\_\_\_

First name--Male \_\_\_\_\_ First name--Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone (with area code) \_\_\_\_\_

Church name \_\_\_\_\_

Church city \_\_\_\_\_