2017 CCIW Church Family Reunion Weekends

(Each Household MUST register separately.)

(Please check ONE.)

☐ Memorial Day May 26-29, 2017 (Register by May 6, 2016)

☐ Labor Day September 1-4, 2017 (Register by August 19, 2016)

Name_____Phone_____

Address_____ City/State/Zip_____

E-mail address_____

Please list the names of all who will be considered part of your household for this event.

_____

Nights at camp (circle) Friday Saturday Sunday (more?)_____

ACCOMMODATIONS

☐	**RV/trailer site**	With electric/water hookup	$25/unit x _____nights	$_____
		Without electric hookup	$20/unit x _____nights	$_____
		Without electric/water hookup	$15/ unit x _____nights	$_____
☐	**Tent site**		$15/ unit x _____nights	$_____
☐	**Shelter**	Two bunk rooms with 6 or 8 plywood bunks per room and common area in between. Bring own foam pad or air mattress.	$20/per shelter x ____nights	$_____
☐	**Cabin rooms**	Bunks with mattresses. Bring own bedding	$18/person x ___ persons x ___ nights	$_____
☐	**Retreat house**	Bunks with mattresses. Bring own bedding	$25/person x ___ persons x ___ nights	S_____

SEND COMPLETED FORMS & PAYMENT TO:

CCIW REGIONAL OFFICE
Attn. Camp Registrar
401 W. Jefferson St
Bloomington, IL 61701

PROGRAMMING FEE $10/per household $ 10.00

TOTAL PAYMENT ENCLOSED: $_____
(Checks payable to CCIW)

ABOUT THE WEEKEND & ACKNOWLEDGEMENT (please sign)

This is an informal family weekend retreat for worship, for fellowship, for relaxation, and for enjoying what Camp Walter Scott has to offer (swimming, fishing, hiking, etc.). Scheduled activities include evening campfire vespers, Saturday evening ice cream social, Sunday worship, and potluck lunch. An offering will be received at Sunday worship to benefit the camp. Alcohol is prohibited at Camp Walter Scott. Smoking is allowed at designated areas only. Each family is responsible for their own food; fire rings are available in several areas. Accommodations are assigned based on receipt of paid reservations. Telephone inquiries will not hold reservations; you must send in a form and funds.

SIGNATURE_____ DATE _____

FOR OFFICE USE ONLY
Date Received_____ Ck #_____ Accommodations Assigned_____

Persons_____ Fee Received_____ Date Entered_____