

Family Camp Daily Guests

(2 days or less - a guest staying at camp for more than 2 days must register for weekly program/meals)

Name of registered Family Campers: _____
 *Visitors must be guests of a specific family.

Names and ages of guests (list "A" for adults):

MEALS																													
Sunday, 6/28					Monday, 6/29					Tuesday, 6/30					Wednesday, 7/1					Thursday, 7/2					Friday, 7/3				
#	AGE	COST	TOTAL		#	AGE	COST	TOTAL		#	AGE	COST	TOTAL		#	AGE	COST	TOTAL		#	AGE	COST	TOTAL		#	AGE	COST	TOTAL	
Breakfast					Breakfast					Breakfast					Breakfast					Breakfast									
12+ \$13.00 _____					12+ \$13.00 _____					12+ \$13.00 _____					12+ \$13.00 _____					12+ \$13.00 _____									
6-11 \$8.00 _____					6-11 \$8.00 _____					6-11 \$8.00 _____					6-11 \$8.00 _____					6-11 \$8.00 _____									
3-5 \$5.00 _____					3-5 \$5.00 _____					3-5 \$5.00 _____					3-5 \$5.00 _____					3-5 \$5.00 _____									
Lunch					Lunch					Lunch					Lunch					Lunch									
12+ \$15.00 _____					12+ \$15.00 _____					12+ \$15.00 _____					12+ \$15.00 _____					12+ \$15.00 _____									
6-11 \$11.00 _____					6-11 \$11.00 _____					6-11 \$11.00 _____					6-11 \$11.00 _____					6-11 \$11.00 _____									
3-5 \$7.00 _____					3-5 \$7.00 _____					3-5 \$7.00 _____					3-5 \$7.00 _____					3-5 \$7.00 _____									
Dinner					Dinner					Dinner					Dinner					Dinner									
12+ \$18.00 _____					12+ \$18.00 _____					12+ \$18.00 _____					12+ \$18.00 _____					12+ \$18.00 _____									
6-11 \$13.00 _____					6-11 \$13.00 _____					6-11 \$13.00 _____					6-11 \$13.00 _____					6-11 \$13.00 _____									
3-5 \$10.00 _____					3-5 \$10.00 _____					3-5 \$10.00 _____					3-5 \$10.00 _____					3-5 \$10.00 _____									
MEAL TOTAL :					MEAL TOTAL :					MEAL TOTAL :					MEAL TOTAL :					MEAL TOTAL :									

PROGRAM (\$20/person/day)					
If guest is here for 1 meal or less than 6 hours, 1/2 day program is charged.					
If guest is here for 2 meals or 6 or more hours, full day program is charged.					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
# _____ X \$10 = _____	# _____ X \$20 = _____	# _____ X \$20 = _____	# _____ X \$20 = _____	# _____ X \$20 = _____	# _____ X \$20 = _____

Meal Total= \$ _____

Program Total= \$ _____

Total Due= \$ _____

Special Notes or Dietary Needs: