



2014 CCIW Church Family Reunion Weekend

(Each Household MUST register separately.)

(Please check ONE.)

- Memorial Day May 23-26, 2014 (Register by May 9, 2014)
- Labor Day August 29-September 1, 2014 (Register by August 15, 2014)

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/household 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 \$ _____

SEND COMPLETED FORMS & PAYMENT TO:

CCIW REGIONAL OFFICE
Attn. Camp Registrar
1011 N. Main 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 _____