

Ghormley Outdoor Academy Fall 2010

Student's Name _____

Parent #1 _____

Parent #2 _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____

Email _____

Additional Family Members / Age / M or F

1 _____

2 _____

3 _____

4 _____

Cost: Enter number of individuals on left	
_____ Participating Students & Parents	
Before Sep. 15th: \$75.00	= _____
After Sep. 15th: \$90.00	= _____
_____ Non-Participating Child	
Before Sep. 15th: \$50.00	= _____
After Sep. 15th: \$65.00	= _____
CHILDREN 6 AND UNDER ARE FREE	
	Subtotal =\$ _____
	Deposit Min. \$50 =\$ _____
	BALANCE LEFT TO PAY =\$ _____

Mail registration and make checks payable to:
Ghormley Meadow Christian Camp
640 Lost Lake Road
Naches, WA 98937