



Family Camp Weekend

2019 Registration Form

Please complete this form and send with a \$75 non-refundable deposit to:

Skye Farm Camp, 1884 East Schroon River Rd, Warrensburg, NY 12885

Memorial Weekend Family Camp: **May 24 – 27, 2019**

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Church _____ Denomination _____

Will you bring a ___ tent, ___ RV, or ___ stay in a cabin

Please list those attending:

Adults		Children		
Name	M/F	Name	M/F	Date of Birth

Pricing for Family Camp Weekend

Ages	Cabin	RV	Tent
18 and Up	\$152.00	\$110.00	\$95.00
4-17	\$65.00	\$65.00	\$65.00
3 and Under	No Charge	No Charge	No Charge

* All pricing is per person and includes meals.

** Please note a family of 4 will not pay more than \$475.00

Please make checks payable to Upper NY Annual Conference or UNYAC

Method of Payment: Check # _____ Visa Mastercard

Card Number _____ Expiration Date (MM/YY) ____/____

3 Digit Security Code _____

Cardholder's Name (please print) _____

Cardholder's Address (Street, City, Zip) _____

Cardholder's Signature _____

Total	\$ _____
Amount Enclosed	\$ _____
Balance Due	\$ _____