

Asbury Camp and Retreat Center
Together Time: A Family Retreat Aug. 6 - 8, 2017
Family Name: _____

Adult 1: _____	Adult 2: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Church Name: _____

Child 1
 Name: _____ Age: _____ Gender: _____

Child 2
 Name: _____ Age: _____ Gender: _____

Child 3
 Name: _____ Age: _____ Gender: _____

Child 4
 Name: _____ Age: _____ Gender: _____

(Note additional family members on separate sheet of paper.)

Cost for Retreat:
Adults (13+) \$135.00; Children (4-12) \$85.00; under 4-FREE, Family of 4 Max \$440.00

No. of Adults: _____ x \$135.00 Sub Total \$ _____

No. of Children: _____ x \$ 85.00Sub Total \$ _____

No. of 3 and under: _____ No Cost **Total Amount Due \$ _____**

\$50 per paying person due with registration:

No. of Registrations: _____ X \$50 **Total Amount Enclosed \$ _____**

Method of Payment: Check VISA MasterCard

Card Number: _____ - _____ - _____

Cardholder's Name: _____ Exp: ____/____ 3 Digit Security Code _____

Signature: _____

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

Please mail to: **Asbury Camp & Retreat Center, PO Box 218, Silver Lake NY 14549**
 Questions: info@asburyuny.org or 585-237-5262