

# 2016 Fall Family Camp

September 2-5, 2016

Hanging Rock Christian Assembly, Inc

Register online at [www.hangingrock.org](http://www.hangingrock.org)

Or

Mail this form with payment to: PO Box 218, West Lebanon, IN 47991

Name of Adults: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Church: \_\_\_\_\_

Email: \_\_\_\_\_

## Children's Info

Please list grade in Fall 2016

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please List additional names and grades on back

## Camp Info

Total # of people: \_\_\_\_\_

( ) Meals Included ( ) No Meals

Housing Needs

# in dorms: \_\_\_\_\_ Tent: \_\_\_\_\_

RV: \_\_\_\_\_

Electrical Hookup Needed: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Credit Card Info: Name on Card \_\_\_\_\_ CC# \_\_\_\_\_

CC Billing Address and Zip \_\_\_\_\_

Exp Date \_\_\_\_\_ CCV \_\_\_\_\_

Any known food allergies in the family: Please list

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any major health issues that camp staff should be aware of :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_