

2017 Fall Family Camp

September 1-4, 2017

Hanging Rock Christian Assembly, Inc

Register online at 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 2017

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 :

