

# CALVARY CHAPEL COSTA MESA | FAMILY RETREAT REGISTRATION CARD

**FAMILY CAMP DATE:** \_\_\_\_\_

Trouble with Stairs

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouce's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Email Address (Please Print Clearly): \_\_\_\_\_

Phone (Home & Cell): \_\_\_\_\_

**CHILDRENS' INFORMATION**

Office Use Only

Age:	Grade:	Name:	Cost:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OFFICE USE ONLY**

Total Camp Cost: \_\_\_\_\_

Check/Cash Amount: _____	Check No.: _____	Date: _____	By: _____	Balance Due: _____
Check/Cash Amount: _____	Check No.: _____	Date: _____	By: _____	Balance Due: _____
Check/Cash Amount: _____	Check No.: _____	Date: _____	By: _____	Balance Due: _____

**NOTE:** THERE IS A \$25 NON-REFUNDABLE DEPOSIT PER PERSON. BALANCE IS DUE **THREE WEEKS** PRIOR TO THE RETREAT. PLEASE MAKE CHECKS PAYABLE TO: CALVARY CHAPEL COSTA MESA, 3800 S. FAIRVIEW STREET, SANTA ANA, CA 92704. ATTN: RETREAT DESK.