

FAMILY LIFE WEEKEND 2022

Aldersgate Camp & Retreat Center

Friday, July 15th to Sunday, July 17th, 2022
 Friday, 5pm check-in with dinner. Closing circle on Sunday at 1:15pm.

To register, complete and send with payment to:
 Aldersgate Camp & Retreat Center, 7955
 Brantingham Rd, Greig, NY 13345,
 Fax: 315-348-4279, or office@aldersgateny.org
 (Check payable to Aldersgate or UNYAC)
Registration Deadline: June 13, 2022

Rates: Single Adult \$195
 Family of 2 \$390
 Family of 3 \$475
 Family of 4 \$565
 Family of 5 or more \$635

Adult Participant #1 (Age 18+): Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____ Birth-date: _____ Age: _____ Gender: M / F This is my _____ year at camp. Relationship to children attending: _____	Adult Participant #2 (Age 18+): Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ E-mail: _____ Birth-date: _____ Age: _____ Gender: M / F This is my _____ year at camp. Relationship to children attending: _____
Child/Teen #1 (Age 4-17): Name: _____ E-mail: _____ Birth-date: _____ Age: _____ Gender: M / F This is my _____ year at camp.	Child/Teen #2 (Age 4-17): Name: _____ E-mail: _____ Birth-date: _____ Age: _____ Gender: M / F This is my _____ year at camp.
Child/Teen #3 (Age 4-17): Name: _____ E-mail: _____ Birth-date: _____ Age: _____ Gender: M / F This is my _____ year at camp.	Child/Teen #4 (Age 4-17): Name: _____ E-mail: _____ Birth-date: _____ Age: _____ Gender: M / F This is my _____ year at camp.
Wee-One #1 (Age 3 and under): Name: _____ Birth-date: _____ Age: _____ Gender: M / F	Wee-One #2 (Age 3 and under): Name: _____ Birth-date: _____ Age: _____ Gender: M / F

Family's Mailing Address	City	State	Zip Code
Family's Home Church	City where church is located	Denomination	

How did you hear about Family Life Weekend? _____

* If Youth/Children live at a different location than adults attending, please indicate address:

Address	City	State	Zip Code
Phone Number	Church	Denomination	

**If you need space for additional youth/children, please attach their complete information on another sheet.

~ Do you have a cabin-mate request? _____ If so, who? _____

~ Does anyone in your family have any dietary requirements? (Food allergies, vegetarian, no sugar, low fat, etc.) _____

~ Do you have any special needs that the staff should be aware of before you arrive? (Wheelchair accessibility, limited mobility, housing considerations, etc.) _____

Total Family Fee: \$ _____
Amount enclosed: \$ _____
Balance \$ _____

Weekend Totals	
# F Adults/Teen:	_____
# M Adults/Teen:	_____
# F Children:	_____
# M Children:	_____
# F 3&Under:	_____
# M 3&Under:	_____
Total #:	_____

***Note: A Deposit of \$120.00 MUST accompany registration form.

Payment Method: Check (Ck # _____) VISA MasterCard

Cardholder's Name: _____

Number: _____ - _____ - _____ - _____ Exp. Date: _____ CVV: _____ (3 Digit Security Code)

Billing Address: _____

Cardholder's Signature: _____

I hereby register myself (or register my child/family) in the above-named event. I give permission for my (my child's/family's) name and address to be shared with the event group and for still photographs and video of me (my child/family) to be used for promotional purposes. In case of accident or illness, the site administration has permission to secure emergency medical care as needed.

Signature: _____ Date: _____

Registration Procedures

* Send this registration form by mail to Aldersgate Camp & Retreat Center, 7955 Brantingham Rd, Greig, NY 13345, via fax to 315-348-4279, or scan and email to office@aldersgateny.org.

* A Deposit of \$120.00 must accompany the registration form. The remaining balance is due **3 weeks prior** to the weekend – due on or before 6/13/2022.

* Shortly after we receive your registration you will receive a confirmation letter and a health form for each person attending.

* Full refunds will be issued only in cases of documented medical concern or a death in the family which prohibits attendance. Cancellations for other reasons will result in the loss of the deposit. No refund is offered for cancellations within two weeks of the start of the weekend and any remaining balance will be due in full as per CRM policy.

* For questions regarding registration, schedules, or refunds, please contact the Aldersgate office at 315-348-8833 or by email at office@aldersgateny.org.

We are excited that your family will be joining us and look forward to seeing you soon!