

Fee Schedule for Spring Homeschool Family Camp

To calculate the cost of your retreat, please fill out each section below:

PROGRAM COST

Program cost includes 9 meals (Mon. dinner thru Thurs. lunch), evening snacks and camp activities.

1. ADULTS (ages 10+) Number of Adults: _____ x \$74 (or x \$64 before Mar. 19th) = \$ _____

2. CHILDREN (ages 3-9) Number of Children: _____ x \$60 (or x \$50 before Mar. 19th) = \$ _____

3. CHILDREN (ages 0-2) Number of Children: _____ FREE FREE

4. PROGRAM SUBTOTAL (add lines 1-3) = \$ _____

Shirt Sizes: Youth: _____ S (2-4) _____ M (6-8) _____ L (10-12)

(Free shirt) Adults: _____ S _____ M _____ L _____ XL _____ XXL

HOUSING COST

Housing cost is for one entire cabin. Each cabin sleeps from 14-28 people and has two separate rooms.

**Best Savings: if you share a cabin with another family, the cost will be divided between all families.*

Choose **one** of the housing options below:

Gold Rush Cabin—ENTIRE CABIN Cost: \$325

(bathrooms inside cabin)

Gold Rush Cabin—HALF CABIN—Shared with other family Cost: \$162.50

(bathrooms inside cabin)

Name of Other Family _____

Ponderosa Cabin—ENTIRE CABIN Cost: \$250

(vanity inside, bathrooms centrally located outside)

Ponderosa Cabin—HALF CABIN—Shared with other family Cost: \$125

(vanity inside, bathrooms centrally located outside)

Name of Other Family _____

RV Site (Very Limited Availability) Cost: \$125

5. HOUSING SUBTOTAL = \$ _____

GRAND TOTAL (add lines 4 and 5) = \$ _____

Homeschool Family Camp Registration

Please fill out this registration form and return with \$50 deposit per family, refundable only if cancellation is received by March 19th, to Jenness Park Christian Camp. Full payment should be made upon arrival.

(To be guaranteed a T-shirt, please register by March 19th)

Parents' Names _____

Children's Names & Ages _____

Address _____

City _____ State _____ Zip _____

Phone# _____

E-mail _____

Church _____ Grand Total *(from reverse side)* _____

Make checks payable to "CSBC" or pay by credit card below and mail to:

Jenness Park Christian Camp
29005 Highway 108
Cold Springs, California 95335
Office: 1.800.258.7554 | Fax: 209.965.4179
Email: ginger@jennesspark.com
www.jennesspark.com

Name on Card _____ Type of Card (VISA or MasterCard) _____

Credit Card Number _____ Expiration Date _____

Deposit Amount _____ Signature _____