



**Shasta Family Camp | July 23-29, 2016**  
 The United Methodist Church - California-Nevada Annual Conference

**PERSON REGISTERING (please print):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CAMPER(S) (please print):**

Name: \_\_\_\_\_ Check if under age 5:   
 Name: \_\_\_\_\_ Check if under age 5:   
 Name: \_\_\_\_\_ Check if under age 5:   
 Name: \_\_\_\_\_ Check if under age 5:   
 Name: \_\_\_\_\_ Check if under age 5:   
 Name: \_\_\_\_\_ Check if under age 5:

**PAYMENT:**

- The cost is **\$25 per night** (\$15 registration, \$8 food, \$2 misc.). **Ages 0-4 are free**
- Indicate **how many nights** the camper(s) will be at camp in the “per night” box
- Or use the “**per week**” box for 10% off (\$135: \$90 registration, \$35 food, \$10 misc.)
- Make **checks** payable to: *CA-NV Annual Conference*

<b>Per night:</b> _____ nights at \$25/night \$_____ TOTAL	<b>Per week:</b> _____ at \$135/week \$_____ TOTAL	<b>MAIL REGISTRATION TO:</b> Camp Registrar, United Methodist Center PO BOX 980250, West Sacramento, CA 95798-0250 Phone: 916-374-1528
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**GRAND TOTAL: \$ \_\_\_\_\_**

**DEADLINE: June 30, 2016**