

CAMP WESLEY PINES
FAMILY CAMP
REGISTRATION FORM
May 28 - 30, 2010

Adult Name: _____ Birth date: _____

Adult Name: _____ Birth date: _____

Children:

Name	Birth date	Grade in school
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Name	Birth date	Grade in school
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Name	Birth date	Grade in School
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Name	Birth date	Grade in school
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Name	Birth date	Grade in school
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Name	Birth date	Grade in school
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Home address: _____

City: _____ State: _____ Zip: _____

Church _____ Pastor: _____

Phone number: _____ E-mail address: _____

Please list any dietary restrictions or food allergies: _____

Cost is \$ 150.00 for a family of 4 and \$25.00 for each addition family member
(\$100.00 pre-registration fee required with registration form)

Payment: _____ Cash/Check #: _____

Please mail form and check to: Camp Wesley Pines, PO Box 307, Gallman, MS 39077

We hereby give permission to Wesley Pines to photograph our family during activities to be used in newsletters, on future bible covers and/or web site