

Crossways Camping Ministries

Family Registration

Mail to: Crossways Camping Ministries, 16 Tri-Park Way, Appleton, WI 54914
Fax to: 920-882-9474

TO REGISTER FOR FAMILY CAMPS: Complete this form and mail or fax it to Crossways Camping Ministries Office. A \$100 non-refundable deposit is required for registration.

Family Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Email: _____

Church: _____ Check here if you wish to receive your registration receipt by e-mail
City: _____

Family Attending: Please list name, gender, birthdate and grade if applicable for all attending.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Check Camp Attending: <input type="checkbox"/> Imago Dei Village <input type="checkbox"/> Pine Lake Camp <input type="checkbox"/> Waypost on Mission Lake	Program Name: _____ Program Date: _____ Special request _____
Payment By: Check <input type="checkbox"/> Credit Card <input type="checkbox"/> (all major cards accepted)	Program Fee: _____ Your Deposit: _____
Credit Card No: _____	Exp Date: _____
Name on Card: _____	
Signature: _____	

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