

FIRST OPC FAMILY CAMP REGISTRATION

August 19-22, 2009

Family: _____

Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

Check one:

- Cabin
 Tent
 RV

Option 1 - Overnight (two or three nights)

Number of Adults	_____ X	\$80	=	_____	
Number of Young Adults (18-22)	_____ X	\$65	=	_____	
Number of Youth (7-17)	_____ X	\$50	=	_____	
Number of Children (Ages 3-6)	_____ X	\$10	=	_____	
Contribution (to help with other camp costs)				_____	(optional)
Subtotal				_____	
Deduction for registration received by Aug. 9th:					
Total # Registered (Ages 3 to Adult)	_____ X	\$5	=	(_____)	(deduct)
			Total:	=	=====

Option 2 - Overnight (one night)

Circle which night: **Thursday** or **Friday**

Number of Adults	_____ X	\$50	=	_____	
Number of Young Adults (18-22)	_____ X	\$40	=	_____	
Number of Youth (7-17)	_____ X	\$30	=	_____	
Number of Children (Ages 3-6)	_____ X	\$6	=	_____	
Contribution (to help with other camp costs)				_____	(optional)
Subtotal				_____	
Deduction for registration received by Aug. 9th:					
Total # Registered (Ages 3 to Adult)	_____ X	\$3	=	(_____)	(deduct)
			Total:	=	=====

Option 3 - Day Only Registration *

Circle which day: **Thursday** or **Friday**

Number of Adults	_____ X	\$25	=	_____	
Number of Young Adults (18-22)	_____ X	\$20	=	_____	
Number of Youth (7-17)	_____ X	\$15	=	_____	
Number of Children (Ages 3-6)	_____ X	\$3	=	_____	
Contribution (to help with other camp costs)				_____	(optional)
Subtotal				_____	
			Total:	=	=====

* = Choose this option only if you do not plan to stay at the camp overnight

Make Checks payable to: **First OPC**

Send registration to:

First OPC

8245 N.E. Fremont

Portland, OR 97220

(503) 253-0695

www.firstopcportland.org