

The Wilds School Camps Fall 2018 Spiritual Emphasis Week

Office use only

Pd \$ _____

Due \$ _____

Please select the week you are registering for.

September 25-28, 2018

October 9-12, 2018

Indicate how many will be attending the program.

Male Students _____ **Female Students** _____

Male Sponsors _____ **Female Sponsors** _____

Note: A male and female sponsor are required to stay with the students.

Cost Information

Cost per Student: \$145
Cost per Sponsor: \$20
\$200 non-refundable deposit

To register please fax this form with credit card information or mail this form with a check or credit card information.

Please charge \$ _____ to my



Card Number _____ Exp. Date _____

Print name as it appears on card _____

3-digit CVV Number _____ Billing Zip Code _____

Signature _____

Complete the following information.

Contact Name _____

Administrator _____

School Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

(This e-mail address will be used to send you additional information regarding this camp.)

Phone () _____

Please sign in agreement to the policies and procedures listed in this brochure.

Signature: _____ Date: _____

Mail to: The Wilds • PO Box 509 • Taylors, SC 29687-0009

Phone: (864) 331-3293 • Fax: (864) 331-3294

E-mail: tw.school.camps@wilds.org