

# The Wilds School Camps Fall 2019 Spiritual Emphasis Week

Office use only

Pd \$ \_\_\_\_\_

Due \$ \_\_\_\_\_

Please select the week you are registering for.

September 24-27, 2019

October 8-11, 2019

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: \_\_\_\_\_