

The Wilds School Camps Fall 2020
Spiritual Emphasis Week

Office use only
Pd \$ _____
Due \$ _____

Please select the week you are registering for.

- September 29-October 2, 2020
 October 13-16, 2020

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 CW 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)

Phone (_____) _____ - _____

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

Signature _____ Date _____

MAIL

PHONE

FAX

E-MAIL

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