

## Registration Form for The Wilds Family Camp August 16-21, 2021

Rev./Dr./Mr./Mrs. \_\_\_\_\_ DOB\*    /   /     
\*Collected for medical/legal purposes

Spouse's first name  
 (if attending) \_\_\_\_\_ DOB    /   /   

Names of children attending Family Camp	Grade Sept. 2021	Date of birth	Gender	Names of children attending Family Camp	Grade Sept. 2021	Date of birth	Gender
_____		/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____		/ /	<input type="checkbox"/> M <input type="checkbox"/> F
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Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Business  Cell  Home

Church Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## Accommodations: Give 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices.

**Inn**  
(families of four or fewer;  
 linens provided)

**Lodge**  
(families of five or six;  
 linens provided)

**Duplex**  
(families of ten or fewer;  
 please bring linens)

If possible, we would like to be housed near \_\_\_\_\_

A \$100 registration fee must accompany this form. Registration fees are refundable or transferable only if we are notified of the cancellation at least 60 days before the program begins.  
**To register online, go to [www.wilds.org/register](http://www.wilds.org/register). Alternatively, you can fax or mail the form with your check or credit card information.**

Charge \$100 reg fee  Charge Total Amount



Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

### Contact Info:

The Wilds • PO Box 509 • Taylors, SC 29687-0009  
 Phone: (864) 331-3286 • Fax: (864) 331-3285  
 E-mail: [tw.summer.camps@wilds.org](mailto:tw.summer.camps@wilds.org)

**Use this address AFTER May 26, 2021:**  
 The Wilds • 1000 Wilds Ridge Road  
 Brevard, NC 28712-7273

Office Use Only

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

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