

Registration Form for The Wilds Family Camp August 14-19, 2023

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. 2023	Date of birth	Gender	Grade Sept. 2023	Date of birth	Gender
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Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____
 Business Cell Home

Church Name _____

City _____ State _____

Accommodations: Give 1st, 2nd, and 3rd 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. 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

Use this address AFTER May 24, 2023:
 The Wilds • 1000 Wilds Ridge Road
 Brevard, NC 28712-7273

Office Use Only

Pd \$ _____

Due \$ _____