

SUMMER 2019 CHRISTIAN UNION AT CAMP-OF-THE-WOODS

Please submit this form before October 25, 2018, to Meghan Foley, Melrose Ministry Center, 19 Vandeventer Avenue, Princeton, NJ 08542

For office use only

1 GUEST INFORMATION

First Time Guest Returning Guest First year at Camp _____ Today's Date _____

Print Name _____ Church Name _____
Address _____ Church Address _____
City _____ State _____ Zip _____ City/State/Zip _____
Phone: Day _____ Alternate _____ How did you hear about COTW? _____
E-mail _____ (only if first application)
Church e-mail _____
 Please check box if your address or phone number changed within the last year. Were you on staff? _____ Dates? _____
 Please check box if you will be bringing a boat. We will contact you.

2 NAMES OF ALL IN YOUR PARTY

Even if one person is paying for all, it is important to provide the names and birthdates of all guests staying in Camp. (Birthdates for those 21 and under.)

Print Name	Birthdate	Relationship	Special needs per person (cots, cribs, etc.)
1. _____	/ /	_____	_____
2. _____	/ /	_____	_____
3. _____	/ /	_____	_____
4. _____	/ /	_____	_____
5. _____	/ /	_____	_____
6. _____	/ /	_____	_____

3 PREFERRED ACCOMMODATION

1st Choice _____ 2nd Choice _____ 3rd Choice _____
Arrival Date _____ Departure Date _____ Check box if staying more than one week.
Alternate Week(s) (if first choice is not available) _____

For floor plans of each accommodation, visit our interactive map at www.camp-of-the-woods.org/summer-season/interactive-map

Dining (Buffet Service): All rates, excluding Efficiencies, the Purdy Center, and Larsen Lodge, include 3 meals daily at the Hill Dining Hall. The Purdy Center and Larsen Lodge rates include 3 meals daily at the Purdy Center Dining Room. **Meals begin with lunch on day of arrival and end with breakfast on day of departure.**

Check box if you are not staying in the Purdy Center or Larsen Lodge, but desire to eat at the Purdy Center Dining Room. There will be an additional charge.

4 MEMBERSHIP FEE AND DEPOSIT

Membership Fee (\$2.00 per person, per day) and **deposit** (15% of your reservation total) will be charged upon booking.*

Deposits are NON-REFUNDABLE and non-transferable (see IMPORTANT INFORMATION, POLICIES, & RULES page).

All reservations MUST BE PAID IN FULL 4 weeks prior to arrival at CAMP-of-the-WOODS.

*See Section 5, METHOD OF PAYMENT

5 METHOD OF PAYMENT THIS SECTION AND SIGNATURE REQUIRED TO PROCESS RESERVATION

Master Card Visa Discover American Express Card # (Print Legibly) _____
Exp. Date _____ Zip Code _____ (where you receive your credit card statement)

- My signature below is also an acknowledgment that I give permission to charge a \$2.00 per person, per day membership fee and a 15% deposit upon booking and the balance of my outstanding bill 4 weeks prior to my arrival at CAMP-of-the-WOODS to my credit card listed above. I also give permission for all additional charges incurred during my stay to be added to my credit card upon departure.
- My signature below is also an acknowledgment that I agree with the Gospel Volunteers Inc. ESSENTIAL DOCTRINES OF THE CHRISTIAN FAITH, MISSION STATEMENT and adhere to all POLICIES and RULES.

Signature: _____

Date: _____

MAIL REGISTRATION FORM TO:

Registrar, CAMP-of-the-WOODS, P.O. Box 250, 106 Downey Ave., Speculator, NY 12164-0250

Reservation requests will not be accepted by fax or e-mail.

For more information about CAMP-of-the-WOODS and its ministries, contact us at:

Phone: 518-548-4311, ext. 0; Fax: 518-548-4324; E-mail: registrar@cotw.org