

Registration Form - Family Camping 2012

Name _____ Phone _____

Full Mailing Address _____

Email _____ checked every 1-2 days () or less frequently () Arrival Date _____ Departure Date _____

Type of accommodation requested: *please number in order of preference*

Ryde House (\$140./night) _____ Infirmary (\$100./night) _____ F.C.- family cabin (\$75./night) _____ Camper cabin (\$60./night) _____

Names of campers in party: Adults _____

Children (10 yrs and under) _____

Non-refundable deposit enclosed - your deposit is the total of the accommodation and meal charges for one day, for the total number in your group

Accommodation charges x 1 day _____ & meal charges x 1 day _____ = TOTAL DEPOSIT ENCLOSED _____

How did you hear of Ryde family camping? _____ Previous family camper? _____

I/we understand and agree to adhere to the Family Camping Guidelines (to be signed below by adult members of party)

Signature(s) _____ Date _____
