



CRESCENT LAKE Bible Camp

2750 Bible Camp Road ▪ Rhinelander, WI 54501

www.crescentlake.camp ▪ 715-203-0500

2019 Family Camp Registration

Name: _____ Single Married
(Last) (First) (Spouse)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Alt. Phone: _____ Email: _____

Church: _____ Pastor: _____
(If Applicable) (Name) (City / State) (Name)

Additional Attendees: (add more sheets if needed)

(Name)	(Age Next Year)	(Birth Date)	(Grade)
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Additional Needs / Requests:

- Baby Crib
- Cot(s) _____ (# Needed)
- Other _____

(Please note that not all rooms can accommodate cots and/or cribs.)

- Check here if you have any life-threatening food allergies.

(You must let us know at least two weeks before arrival so our Kitchen Staff can plan accordingly.)

Family Camps (Sunday – Friday)

- June 30th Family Camp
- July 21st Family Camp
- July 28th Family Camp

Wrap Up Weekend (Friday – Monday)

- August 30th – Sept 2nd

Cabin Request (See Package Descriptions on reverse)

First: _____

Second: _____

Third: _____

(CLBC reserves the right to maximize cabin usage. We will do our best to meet your cabin choice, but may need to adjust cabin assignments to accommodate large families, etc. Comparable cabins and pricing will be discussed with you prior to adjustment.)

Wrap Up Weekend Pricing

Package	Regular Rate (Age 8 and older)	Child Rate (Ages 3 – 7)
Tent / RV	\$166.00 per person	\$130.00 per person
Basic Cabins	\$196.00 per person	\$160.00 per person
Modern 1	\$211.00 per person^	\$175.00 per person^
Modern 2	\$241.00 per person^	\$205.00 per person^
Modern 3	\$256.00 per person*	\$220.00 per person*
Modern 4	\$271.00 per person*	\$235.00 per person*
Modern 5	\$286.00 per person^	\$250.00 per person^
Modern 6	\$301.00 per person*	\$265.00 per person*
^minimum of 2 people *minimum of 4 people (ages 0-2 free)		

Deposit: \$50 at registration / \$50 due each month for next 4 months

Package Pricing is all-inclusive for the designated camp week.

June / July Family Camp Pricing

Package Name	Lodging Description (Please visit our website for a full description of each cabin.)	Regular Rate (Age 8 and older)	Child Rate (Ages 3-7)
Tent / RV	Water and electricity available	\$270.00 per person	\$210.00 per person
Basic Cabins	Fireplace or woodstove heat, uses bathhouse	\$320.00 per person	\$260.00 per person
Modern 1	Arena, Williamson, Carrie's: shared bathroom	\$345.00 per person^	\$285.00 per person^
Modern 2	Retreat Center: shared bathroom, kitchen and lounge	\$395.00 per person^	\$335.00 per person^
Modern 3	Giles, Daniel's Den: private bathroom	\$420.00 per person*	\$360.00 per person*
Modern 4	Balma, Huseby, Hull: private cabin, private half bathroom	\$445.00 per person*	\$385.00 per person*
Modern 5	Retreat Center: private bathroom, shared kitchen and lounge	\$470.00 per person^	\$410.00 per person^
Modern 6	Sunset: private bathroom, shared kitchen and lounge Pederson: private cabin, private bathroom, kitchen and lounge	\$495.00 per person* \$495.00 per person*	\$435.00 per person* \$435.00 per person*

^ Minimum of 2 people * Minimum of 4 people Ages 0-2 free

Total # of Campers (Age 8+) _____ X Regular Rate \$ _____ = **Total Cost: \$** _____

Total # of Campers (Age 3-7) _____ X Child Rate \$ _____ = **Total Cost: \$** _____

Total # of Campers (Age 0-2) _____ X Free

Total # of Campers (All ages) _____ **Total Camp Cost: \$** _____

Daily Visitor Fee: \$30.00(up to 4 hours, 1 meal); \$55.00(4+ hours, 2 meals); \$65.00 (4+ hours, 3 meals).

Deposits: All Deposits are non-refundable and non-transferable

Family Camps: \$500 (\$100 due at registration, \$100 due each month for 4 additional months)

All Family and Church Rentals: 10% deposit due at time of registration

Please indicate how you would like to pay for your camp program(s):

- Monthly Payments: You may pay each month via an automatic credit card payment.

Credit Card # _____ Exp. Date _____ Vcode: _____

Amount to be charged each month \$ _____ Signature _____

- I would prefer to pay my balance when I arrive at camp in 2018.
- Please deduct monthly from my bank account, I will call the office to arrange the ACH transfer.
- I would like to donate \$ _____ to the CLBC Mike Rhode Scholarship Fund.
- Please bill my credit card for the donation.

For Office Use

Date: _____ Time: _____ Payment: CC ___ Check # _____ Cash ___ **Amount:** _____ Initials: _____