

**Mid-Atlantic District Family Camp – 2017**  
**Monday, July 3, 2017 – Sunday, July 9, 2017**  
**Reservation Form – 2017**

OFFICE USE ONLY
Date _____
Ck # _____
Amt Pd \$ _____

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail: \_\_\_\_\_

Church: \_\_\_\_\_

Please list each family member/guest including yourself that will be housing with you during camp, **if youth or child include age:**

_____	_____
_____	_____
_____	_____
_____	_____

**Arrival Date:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

**Housing Choice:** Please indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, choice:  
(please see explanation of lodging choice on Housing Option sheet)

Cabin _____	Motel Units 1-12 _____
Dormitory _____	House Trailer _____
Dorm Style Cabins (31 & 83) _____	Block House (K,L,M) _____

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**Conference Hotel Room:**

Single    Double    Triple    Quad    (circle your choice)

Special Request: \_\_\_\_\_

\_\_\_\_\_

(Please see other side)

# RV – CAMPER – TENT SITE

Tent: \_\_\_\_\_ (Tent site includes water and electric)

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RV/Pop-Up/Camper:            Water & Electric: \_\_\_\_\_

50 Amp: \_\_\_\_\_

RV/Camper Type:    Motor Home        Travel Trailer        5<sup>th</sup> Wheel        Pop-Up

Unit Size: \_\_\_\_\_ # of Slide Outs: \_\_\_\_\_

Special Request: \_\_\_\_\_

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1. A non-refundable deposit of \$25.00 per unit or camp site must accompany this form. Make checks payable to Mid-Atlantic District Treasurer.
2. Mail this form with your deposit to Mid-Atlantic District Resource Center, 108 Central Ave., Glen Burnie, MD 21061.
3. Check in begins at 12 noon, Monday, July 3<sup>rd</sup> **Absolutely no early check in.**
4. Check in at the information office, Building G on the map.
- 5. NO PETS ALLOWED IN ANY CAMP RENTAL UNITS.**
6. You must be 18 or older to stay on camp without a chaperone.
7. No phone reservations accepted.