



SLUMBER FALLS CAMP & RETREAT CENTER

3610 River Road • New Braunfels, TX 78132

Phone: 830-625-2212

Fax: 830-625-4688

Email: office@slumberfalls.org

Website: www.slumberfalls.org

2012 Adult Camp Registration

CAMP ATTENDING: _____ CAMP DATES: _____

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Emergency Contact 1

First Name: _____ Last Name: _____

Phone: _____ Alt. Phone: _____ Relationship: _____

Emergency Contact 2

First Name: _____ Last Name: _____

Phone: _____ Alt. Phone: _____ Relationship: _____

Additional Information

Notes: (Food Allergies, Dietary Restrictions, etc) _____

Denomination? _____ Which UCC Church do you attend (if applicable)? _____

Payment Information

Camp Registration Fee \$ _____

Method of Payment: Check Credit Card

Name on Ck _____ Ck Amount \$ _____ Ck Date _____ Ck # _____

Name as it appears on credit card _____

Billing Address _____

Credit Card # _____ 3-Digit Security Code _____ Exp. Date _____

Signature: _____ Date: _____

Waiver

Photographic images taken of campers may be used for promotion of Slumber Falls Camp; including but not limited to future camp brochures, promotional slide shows, video presentations, and the Slumber Falls Camp website.

Signature: _____ Date: _____