

Registration Form

Name (first and last): _____

Phone 1: _____ Phone 2: _____

Email (please print clearly) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Payment by Credit Card:

Mastercard VISA

C.C. #: _____ exp. _____

Check enclosed

(make payable to "Cedars Camps")

Signature: _____ security code ____ _

Housing Selection

- Single (\$325/person)
- Double (\$275/person)
- Triple/Quad (\$225/person)
- Shared Cabin (\$200/person)

Conference Fee

- by 7/16 (\$295)
- by 8/16 (\$345)
- after 8/16 (\$395)

Total Amount:

\$

Mail this form with check or credit card information to Cedars Camps • 19772 Sugar Dr • Lebanon, MO 65536

Questions? Call 417.532.6699

For those interested in paying via **PayPal** online (for housing only), please visit the CedarS website at www.cedarscamps.org.