

2010 New Life Island Family Camp Registration:

First and Last Name _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ email _____

Children _____ Age _____ Age _____

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Family camp will begin on Monday, August 9 and will end after breakfast on Saturday, August 14.

We would like to stay in: South Cabin North Cabin Campground

Church You Attend _____ Address _____

City/State/Zip _____

A \$100.00 per family deposit must accompany this form. This deposit is non-refundable. Balance is due on arrival.

Send Completed form to: New Life Island, Box 480 Frenchtown NJ 08825