

Alaska General Assembly of the Church of God

Family Camp Registration

Name: _____
Email Address: _____
Mailing Address: _____
City State Zip
Telephone: _____
Home Cell Work
Number in Group: _____ Names of Individuals in Group: _____
Contact person in case of emergency: _____ Telephone: _____
Home Church: _____

LODGING & MEALS

LODGING: (Available on a first come, first served basis) Please check all that apply...

Tuesday Wednesday Thursday Friday Saturday

- Shared Cabins (individual bunks) No Charge
 Bungalow (Duplex) / Cabin No Charge
 Tent Camping/RV Camping No Charge

MEALS: *children under 12 no charge*

- 10 Meal Package Deal** \$35.00 x _____ person(s) = _____
- Breakfast** \$ 3.00 x _____ person(s) x _____ days = _____
 Thursday Friday Saturday
- Lunch** \$ 4.00 x _____ person(s) x _____ days = _____
 Thursday Friday Saturday
- Dinner** \$ 4.00 x _____ person(s) x _____ days = _____
 Wednesday Thursday Friday Saturday

Grand Total \$ _____

Method of Payment:

- Check #** _____ Please make checks payable to A.G.A.
- MasterCard or Visa Number:** _____ **Expiration Date:** _____
Name on Card: _____

Today's Date: _____ Signature: _____

Registration forms and payment can be mailed to:

A.G.A Family Camp
c/o First Church of God Anchorage
4317 MacInnes Street
Anchorage, AK 99508

Questions can be directed to email at admin@akchog.org