



# PER DIEM & DAY USE VISITOR REGISTRATION

Thank you for your interest in Camp Lambec! Please use this form to register anyone wishing to be on site during a family camp, if they are not staying for the entire week. Individuals must be registered to be on site, including children. Registrations are accepted on a space-available basis only. Day use visitor fees covering access to facilities, liability insurance, lodging, programs and meals should be mailed three weeks prior to arrival.

Visiting Dates \_\_\_\_\_ Estimated Time of Arrival \_\_\_\_\_ Time of Departure \_\_\_\_\_

(Circle One) Family Camp: **A** **B** **C**

### Adult Head of Household

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### Additional Family Participants

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Presbytery or Denomination \_\_\_\_\_

Please list any special dietary needs: \_\_\_\_\_

Requested Cabin\*: \_\_\_\_\_ or  Any Available Cabin

\*Cabins are available on a first come, first served basis. We may not be able to honor your request.

### Payment Information

Please refer to the pricing below and make a check payable to "CAPNWP" for the needed amount. Be sure to put "Per Diem pricing and the family camp week on the memo line. Checks can be mailed **with this form** to: P.O. Box 279, Zelienople, PA 16063. Please be sure to register at least 2 weeks before your stay so that we can plan and prepare for your meals.

### Camp Use Only

*Pricing by Age Per Person, Per Night and Includes all Meals:*

18+ \$75      13 – 17 \$65      6-12 \$45      5 and under free

Day visit with 2 meals \$25.00 per person

**GRAND TOTAL DUE**      \$ \_\_\_\_\_

**Paid By:** Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Credit Card \$ \_\_\_\_\_