

Labor Day Family Camp • September 2-5, 2022

Arrival & Check-in: 4pm on Friday 9/2

Name _____ Spouse's Name (if attending) _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Phone Number & Type _____
 Your Birthday / / Spouse's Birthday (if attending) / /
MM DD YY MM DD YY
 Names and birthdays of children attending (MM/DD/YY) _____

 Home Church _____

Housing Options (Circle which lodging you prefer. Many fill a year in advance. Call to inquire about availability.)

1) Lodges

- Schlichting Inn - \$285
- Main Lodge - \$180
- Welcome Center - \$180
- Johnson Lodge - \$180
- Bunkhouse - \$180

2) Cabins*

- Treetoppers - \$150
- Hickory Grove Cabins - \$120
- Basswood Knob Cabins - \$120

3) Camping

- RV Camping** - \$90
Length/Amenity Needs: _____
- Tent Camping - \$60 (no electric)
- Wilderness Camping - \$90 (limited electric)
Platform canvas tent & cots provided

4) No Housing Needed - \$0

- Staying Off-Site
- Sharing lodging with the following family: _____

**Only Treetopper Cabins have heat/AC. For all three cabin areas, restrooms are in a separate, central building located nearby.*

***Large full hook-up sites fill a year in advance & cannot be guaranteed. Call us at 515-547-2751 to ask about remaining sites.*

Meal Options (Family Camp meals are Saturday brunch & supper, Sunday brunch & supper, and Monday brunch.)

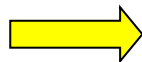
	<u>Age 12+</u>	<u>Age 4 – 11</u>	<u>Age 0 – 3</u>	12+	4-11	0-3
1) All Meals:	\$45.00	\$30.00	\$0	Qty: _____	_____	_____
2) All Brunches:	\$27.00	\$18.00	\$0	Qty: _____	_____	_____
3) All Suppers:	\$18.00	\$12.00	\$0	Qty: _____	_____	_____
4) Sunday BBQ Supper Only:	\$9.00	\$6.00	\$0	Qty: _____	_____	_____
5) Monday Brunch Only:	\$9.00	\$6.00	\$0	Qty: _____	_____	_____

Does anyone have food allergies? _____

Programming Fees

- REQUIRED** 1) Program Fee - \$50 (Non-refundable; required once per household. Covers up to 6 people in that household.)
 2) Additional Person (age 4+) - \$10 (Fee for friend, extended family member, or 7th/8th/9th person in a family.)

Payment



Total charges: \$ _____
(Programming fees + housing + meals)

1) Check # _____
 -OR-

Amount enclosed: \$ _____
(What you're paying today [\$50 minimum])

2) Credit Card Type (Please circle): Visa MasterCard Discover Amex
 Name on Card: _____ CC#: _____
 Exp. Date: _____ Card Security Code: _____ Signature: _____
 Billing Address (if different from above): _____

Address City State Zip



Waiver signature required on back →

Medical & Liability Statement: I acknowledge that participation in camp activities involves risk to myself and my family, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in camp activities, I acknowledge and accept the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. I accept personal financial responsibility for any injury or other loss sustained by myself or my family during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to me or my family members that is authorized by Hidden Acres or its employees, volunteers or any other representatives (collectively, referred to hereinafter as "Hidden Acres Christian Center"). Further, I release and promise to indemnify, defend and hold harmless Hidden Acres Christian Center for any injuries to myself or my family that arise directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injuries arise out of the negligence of Hidden Acres Christian Center, myself, my family, or otherwise.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If Hidden Acres Christian Center and I cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Media Statement: I hereby grant permission to Hidden Acres Christian Center to record, by videotape, photograph, or other means of reproduction, the voice, image, and physical likeness of myself and my family and to use any such recorded material for promotional and marketing purposes, such as printed brochures, social media websites, the Hidden Acres Christian Center website, and other forms of electronic publications, without further consent or compensation.

THIS IS A RELEASE, WAIVER, AND INDEMNIFICATION AGREEMENT – READ CAREFULLY BEFORE SIGNING. If you are in agreement with and understand the statements above, please sign below for all participants listed on this form. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres Christian Center, your payment will be returned, and you will not be registered for this event.

Head of Household Signature: _____

Date Signed: _____

Submission Options

- 1) Mail to: Hidden Acres Christian Center | 3837 Union Ave. | Dayton, IA 50530
- 2) Fax to Hidden Acres at 515-547-2752
- 3) Scan and email to rachelle.rasmussen@hacamps.org