Name			Spouse's N	ame (if attendir	ng)		
					o,		
					Zip		
Email			Phone	e Number & Typ	oe		
Your Birth	day//	Spo	use's Birthday (if	attending) _	/	<u>'</u>	/
Names an	MM DD Y d birthdays of children attending						
Home Chu	urch						
Housing	Options (<u>Circle</u> which lodging	you prefer. M	lany fill a year ir	n advance. Call	to inquire	e about av	ailability.)
1	Schlichting Inn - \$285 Main Lodge - \$180 Welcome Center - \$180 Johnson Lodge - \$180 Bunkhouse - \$180	<i>Lengt</i> . Tent Ca Wilderr	ng ping** - \$90 h/Amenity Needs: _ mping - \$60 (no o ness Camping - \$9 orm canvas tent & c	electric) 90 (limited elec		have heat cabin are in a buildin	reetopper Cabins /AC. For all three as, restrooms are separate, central g located nearby. full hook-up sites
2) Cabins* Treetoppers - \$150 Hickory Grove Cabins - \$120 Basswood Knob Cabins - \$120	Sto	using Needed - nying Off-Site aring lodging wit mily:	h the following		fill a y cannot be us at 515	gun nook-up sites rear in advance & guaranteed. Call 5-547-2751 to ask t remaining sites.
Meal Opt	ions (Family Camp meals are Sati	urday brunch &	supper, Sunday b	orunch & suppe	r, and Mon	day brunch	.)
		Age 12+	Age 4 – 11	Age 0 – 3		12+ 4	-11 0-3
1) A	ll Meals:	\$45.00	\$30.00	\$0	Qty:		
-	ll Brunches:	\$27.00	\$18.00	\$0			
-	Il Suppers:	\$18.00	\$12.00	\$0			
-	1onday Brunch Only:	\$9.00	\$6.00	\$0	Qty:		
Does	s anyone have food allergies?						
Program	ming Fees						
) Program Fee - \$50 <i>(Non-re)</i>) Additional Person (age 4+) - \$						
Payment	t		Total	charges:	\$(Progra	ımming fees	+ housing + meals,
1) C	-OR-		Amou	nt enclosed:	\$ (What you	're paying to	day [\$50 minimun
	redit Card Type (Please circle): ame on Card:						
	xp. Date: Card S						
В	illing Address (if different from	n above):					
			Address	City		State	Zip
3	A place set apart for you 837 Union Aye • Dayton, IA 50530 www.hacamps.org • (515) 547-2751	3	Waiver	signatur	e requ	iired o	n 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 my 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