

# Crossways Camping Ministries

## Family Registration

Mail to: Crossways Camping Ministries, 16 Tri-Park Way, Appleton, WI 54914  
Fax to: 920-882-9474

**TO REGISTER FOR FAMILY CAMPS:** Complete this form and mail or fax it to Crossways Camping Ministries Office. A \$100 non-refundable deposit is required for registration.

Family Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Church: \_\_\_\_\_  Check here if you wish to receive your registration receipt by e-mail  
City: \_\_\_\_\_

**Family Attending:** Please list name, gender, birthdate and grade if applicable for all attending.

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

<b>Check Camp Attending:</b> <input type="checkbox"/> Imago Dei Village <input type="checkbox"/> Pine Lake Camp <input type="checkbox"/> Waypost on Mission Lake	<b>Program Name:</b> _____ <b>Program Date:</b> _____ <b>Special request</b> _____
<b>Payment By:</b> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> (all major cards accepted)	Program Fee: _____ Your Deposit: _____
Credit Card No: _____	Exp Date: _____
Name on Card: _____	
Signature: _____	

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