



ROCKY MOUNTAIN MENNONITE CAMP

2017 FAMILY CAMP REGISTRATION

FAMILY CAMP I

July 23-28, 2017

FAMILY CAMP II

July 30-August 4, 2017

Parent(s)/Guardian(s)
Name(s) _____

Child Name _____

Birth date _____ Female ___ Male ___

Child Name _____

Birth date _____ Female ___ Male ___

Child Name _____

Birth date _____ Female ___ Male ___

Child Name _____

Birth date _____ Female ___ Male ___

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Church _____

Accommodation Preference _____

Visit our website for available accommodations & prices: www.rmmc.org

Please charge my: Visa ___ MasterCard ___ Discover ___ \$ _____

Credit Card # _____

Expiration Date _____

V-Code (last three #
on back of credit card) _____

Signature _____

Confirmation will be sent upon receipt of registration and deposit.

Please send completed registration (one per family) and a non-refundable deposit of \$50 for each paying family member (applied towards fee) or entire amount to:

ROCKY MOUNTAIN MENNONITE CAMP

709 County Road 62, Divide, CO 80814

719-687-9506 info@rmmc.org