

Quilt/Family Camp/NEMDR Work Weekend Registration

Please print. Use one form per program. Feel free to make additional copies.
Send this form with deposit/payment (checks payable to **Hope Conference Center**). Mail to: *Hope Center, P.O. Box 165, Hope NJ 07844*

Name _____

Registering for (Program) _____

Address _____

City _____ State _____ Zip _____

Day Phone(____) _____ Evening Phone(____) _____

Cell Phone(____) _____ E~mail _____

Home Church & Denomination _____

City _____ State _____

Memorial Day Family Camp, please complete the following

(check all that apply; no early registration available for this camp; late fees apply)

- Cabin # requested _____ Site/area requested: boys girls
- Cabin-mate request _____
- Tent/Trailer w/electric Tent/Trailer w/o electric

Memorial Family Camp -
please use a separate sheet to list the name, address and gender of adults and children (include ages) attending.

Quilt Camp *No early registration discounts available for this camp.*

I plan to attend the following days/nights **All** (4 days/nights)

- Wed./day Thur./day Fri./day Sat./day
- Wed./night Thur./night Fri./night

NEMDR Work Weekend Friday Saturday

1. Total fee	\$ _____
2. DONATION	add \$ _____
3. Deposit <i>(See pages 20 & 21 for deposit requirements)</i>	
OR full payment	minus \$ _____
4. Balance Due	= \$ _____

REMEMBER LATE FEES WILL APPLY 2 WEEKS PRIOR TO CAMP