

RESERVATIONS FOR FAMILY CAMP 2010

NAMES	AGE (IF UNDER 18)	GENDER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

ADDRESS _____ PHONE# _____
CELL # _____
E-Mail Address _____

DATE OF ARRIVAL _____ DATE OF DEPARTURE _____

TENTING INSTRUCTIONS

__ Children with parents: _____
__ Children next door: _____
__ Children next door: _____

__ Other: _____

I enclose a deposit in the amount of \$60.00 and understand that this deposit is non-refundable.

(Signature)

Visa or MasterCard (circle one) Card# _____ Exp. _____ CV2 _____

Cardholder's Name _____ Signature _____

Cardholder's billing address _____

Send reservation to: Before June 10, 2010
Camp Alleghany
PO Box 664
Fredericksburg, VA 22404
540-898-4782
540-898-5475 (FAX)

After June 10, 2010
Camp Alleghany
PO Box 86
Lewisburg, WV 24901
304-645-1316
304-645-1384 (FAX)