



**Camp Christopher**

## 2010 FAMILY CAMP REGISTRATION APPLICATION

**FEES:** \$230 per adult  
\$180 per child (if you have more than 3 children, the add'l children pay \$90 each\*)  
\$100 deposit per family

\* "additional children" applies to nuclear family members. Cousins, friends, etc. cannot count toward the three children.

**PLEASE NOTE: DUE TO POPULARITY AND LIMITED SPACE, FAMILIES WILL BE ACCOMMODATED ON A FIRST-COME, FIRST-SERVE BASIS.**

Please make check or money order payable to **CYO**.

(Send no cash in mail. There is \$25 fee for all NSF checks or declined credit cards.)

**FOR OFFICE USE:**

Date Rec'd: \_\_\_\_\_

Deposit: \_\_\_\_\_

Check No: \_\_\_\_\_

**First Choice**   **Second Choice**   **Amount Enclosed: \$** \_\_\_\_\_

Session I   Sun., June 13 - Fri., June 18          **Check**    **Visa/MC**

Session II   Sat., June 19 – Thurs., June 24         **MC/VISA #** \_\_\_\_\_

Session III   Sun., July 4 - Fri., July 9         Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE PRINT OR TYPE - Please include last names for all participants**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_   Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_   Child \_\_\_\_\_ Age \_\_\_\_\_

Child \_\_\_\_\_ Age \_\_\_\_\_   Child \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Parish \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

**CYO Family Camp**  
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**Akron, OH 44307**  
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