

2010 CONNOR REDD MEMORIAL REGISTRATION FORM

Please mail this form together with payment to:

Montlure Camp, attn: Kristy Gropel, P.O. Box 122, Greer, AZ 85927

Attendant's Information

Name (indicate preferred name if different): _____

Mailing Address: _____

Primary and Alternative Phone #s: _____

Email address: _____

Date of birth (mm/dd/yy): _____

Church Affiliation (if applicable)

Full Church Name: _____

Church address: _____

Camp Fees

Cost of retreat: \$90 (Please make all checks payable to "Montlure")

If Paying by Credit Card:

Total Amount to be Charged: _____ Name on Card: _____

Credit Card # Visa/MC/AmEx/Discover: _____

Expiration: _____ CVV# (the 3 or 4 digit number on the back of the card or front for AmEx) _____

Billing Address (if different from above): _____

Financial Assistance is available. If you need assistance, please check here _____. We will contact you.

Montlure's total costs per camper for a week at camp are approximately \$550. We ask that you kindly consider a donation in addition to the actual camp fees to provide additional support to our ministry. *Thank you.*

Donation \$ _____ *Your gift will be formally acknowledged and is tax-deductible as allowed by law.*

Agreements and Signatures

I agree to follow the guidelines and policies of Montlure Presbyterian Camp, and will demonstrate Christian respect for the facilities, the staff, and my fellow attendees.

Signature and Date: _____