



ALC Family Camp Registration Form

August 17 - August 21, 2011



Contact Person: _____ Email address: _____

Address: _____

City-State-Zip: _____

Telephone: _____ Alternative Phone: _____

Names and ages of all participants you would like to enroll. Please note any dietary restrictions.

1. _____ Age _____ 6. _____ Age _____

2. _____ Age _____ 7. _____ Age _____

3. _____ Age _____ 8. _____ Age _____

4. _____ Age _____ 9. _____ Age _____

5. _____ Age _____ 10. _____ Age _____

Adults: \$90.00 per a night;
Children 5 - 15 : \$50.00 per night;
Children under 5 years free.
Cost includes accommodations,
program and yummy meals.

_____ (# of Adults) x _____ (# of nights) x \$ 90.00 = _____

_____ (# of Children 5-15) x _____ (# of nights) x \$50.00 = _____

Total = _____

Alford Lake Camp accepts American Express, Visa or Mastercard for your convenience.

Please charge **\$100 deposit** to my Visa/Mastercard/Amex

Full payment or
Gift certificate enclosed

Please charge **FULL PAYMENT** to my Visa/Mastercard/Amex

\$100.00 deposit enclosed

Card Number: _____ Exp. Date: _____ Signature: _____

You will receive an invoice for any balance due and Family Camp details - to help you plan for this exciting adventure!

BEFORE June 8, 2011

Please return this Form to:

Alford Lake Camp
5 Salt Marsh Way
Cape Elizabeth, ME 04107
f: 207-799-5044

PHONE:(207)-799-3005

AFTER June 8, 2011

Please return this Form to:

Alford Lake Camp
258 Alford Lake Road
Hope, Maine 04847
f: 207-785-5290

PHONE: (207)-785-2400