

Days of Renewal

REGISTRATION * May 26-June 2, 2017

Please Print

Family Leader

Name _____ m ___ f ___ email _____

Address _____

Cell phone _____ other phone(s) _____

Church you attend _____

Spouse

Name _____ phone _____

Others

Name _____ m ___ f ___ age _____

Name _____ m ___ f ___ age _____

Name _____ m ___ f ___ age _____

Name _____ m ___ f ___ age _____

How many in your group need a bottom bunk? _____

What kind of work can you do? _____

What can the others in your group do? _____

What tools can you bring? Shovels ___ Garden Rake ___ Leaf Rake ___ Weed Eater ___

Pole Tree Trimmer ___ Lopping Shears ___ Construction Tools ___ Cleaning/scrubbing ___

Other _____

Please indicate the number of people who will be at each meal, and CIRCLE Which Nights they will be here.

	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	___	___	___	___	___	___	___	___
Lunch	___	___	___	___	___	___	___	___
Dinner	___	___	___	___	___	___	___	___

Food Allergies . . . We can accommodate for gluten, nuts, some dairy, and diabetics, **but must know in advance, and the severity!** Please list which ones and how many people for each type.

Please return this form by email or mail to...

KelloggSpringsCamp@gmail.com or Kellogg Springs Camp, 1111 Kellogg Camp Lane, Oakland OR 97462

If you need to cancel or change info on the form, please contact us As Soon As Possible by email.

*** Many people would love to come, but are not able. Will you give the info page to those who will pray for lives to be changed at KSC, and to those who can help financially?**