

Days of Renewal Registration

May 24- 28, 2019

Please Print

Family Leader/Individual
Name _____ M ___ F ___ Email _____

Address _____

Cell Phone _____ Other Phone Numbers _____

What church do you attend? _____

Spouse's Name _____ Phone _____

Others:

Name _____ M ___ F ___ Age _____

Name _____ M ___ F ___ Age _____

Name _____ M ___ F ___ Age _____

Name _____ M ___ F ___ Age _____

How many in your group will need a bottom bunk? _____

What kind of work can you do?

What tools can you bring? Shovels _____ Garden Rakes _____ Leaf Rakes _____ Weed Eater _____
Pole Tree Trimmer _____ Lopping Shears _____ Construction Tools _____ Cleaning/scrubbing _____
Other _____

Please list the number of people who will be at each meal, and CIRCLE which nights they will be here.

Friday Saturday Sunday Monday Tuesday

Breakfast _____

Lunch _____

Dinner _____

Food Allergies: We can accommodate for gluten, nuts, some dairy, and diabetics, **but we must know 2 weeks in advance and the severity of the allergy!** 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 as soon as possible.

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 Kellogg Springs Camp, and to those who can help financially?