

# Days of Renewal Registration

## May 22-25, 2020

**\*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

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](mailto: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?\***