

Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Cell # _____

In case of emergency, contact: _____ Cell # _____

Rooming Preference: Snore **NO** Snore People to room with: _____

Dietary Restrictions: Yes No If yes, please specify: _____

Tshirt size: _____ Camp Activities: _____ Ziplining (\$15) or _____ Horseback Riding (\$25)

Massage: _____ 30 min Chair (\$35) _____ 30 min Table (\$35) _____ 60 min Table (\$75)

Fee:

- \$200 per person (plus extra activities) **Due by March 11**. No cancellation refunds after March 1st.
- Make checks payable to Meadowbrook Baptist Church.

Cash Check # _____ Amount paid \$ _____

Questions? Contact Sharon at 254.640.0217 or shareblanch@gmail.com



GRACE + GRIT

IT IS IN CHRIST WE FIND WHO WE ARE
AND WHAT WE ARE LIVING FOR.
EPHESIANS ONE ELEVEN