

Fall Congregational Retreat to Camp de Benneville Pines

Friday September 29th to Sunday October 1st 2017

Conejo Valley/Monte Vista/Live Oak/Goleta/Santa Barbara/Santa Paula

Home Congregation:				
Name:				
E-Mail: (please write neatly)				
Address:				
City State Zip:				
Campers:		Phone:		
Name:	Adult/Youth/Child/Infant (A/Y/C/I)	Male/Female	Special need?	Special Diet?

Registration:

Qty		Subtotal
	(A) Adults age 20+ at \$140 per person (\$145 after 9/11)	
	(Y) Youth age 13-19 at \$110 per person (\$115 after 9/11)	
	(C) Children age 3-12 at \$90 per person (\$95 after 9/11)	
	(I) Infants age 0-2 at no cost	----
	Double Bed Premium at \$45 per room or couple	
	Craig's Cabin premium at \$55 per person	
	Sunday Night \$25 per person (no meals served)	
	Scholarship Donation (please help!)	
TOTAL:		

Amount Enclosed: 50% deposit? _____ Payment in Full? _____

Families of 4 usually get a room for 4, families of 2 usually share, singles share with like sex. There are several rooms for 6 – filled with 2 families of 3 or 1 family of 5, or some mixture there of on a first come first served bases where possible. Please note that cabin assignments are selected to meet the needs of as many people as possible. Typically we have one cabin with small kids, one with singles and one for those who are quiet.

Rooming Preferences (i.e. roommate, or quiet): _____

Special Sleeping Needs (i.e. upper bunk): _____

Financial Need (campership - how much can you afford?): _____

Special Needs: Diet/Allergy / Medical: _____

Priority will be given to early, legible, complete registrations! Please note that cabin assignments are at the Registrar's discretion and are selected to meet the needs of as many people as possible.

All Registrations must be Paid in Full by 9/25/16

Please mail the completed form with a check payable to MVUUC. Mail to:

MVUUC - Camp Registrar Marlene: 9185 Monte Vista Ave, Montclair, CA 91763; mezzovoz@yahoo.com

MVUUC, amyan4@yahoo.com; LOUUC/USSB, krystal.McCauley@sa.ucsb.edu; UUCSP, erhalseth@gmail.com

Camp Dean/CVUUF: Holland, shockwavephysics@gmail.com, Programs: dana.ryon@gmail.com

OFFICE USE: Date Received: _____ Check # _____ Amount: _____

Receiver's Name: _____