



*MiVoden Family Camps  
Application 2016*

**FAMILY GROUP INFORMATION**

Family Name (last) \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Husband \_\_\_\_\_ Birthdate \_\_\_\_\_ Wife \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home Church \_\_\_\_\_ Denomination \_\_\_\_\_

**CAMP SELECTION**

*Check the camp you would like to attend.*

**Regular Family Camps**

- Family 1—July 31-August 7, 2016
- Family 2—August 7-14, 2016
- 50+ Family Camp—August 21-28, 2016

**Specialized Family Camps**

- Medical Dental — July 24-31, 2016

**CAMPER FEES**

*(All Prices are per person)*

- Family Camp Adult Cabin \$335.00
- Medical Dental Adult Cabin \$345.00
- 50+ Family Camp Adult Cabin \$325.00
- Child Cabin (6-16) \$295.00
- Adult RV \$300.00
- Child RV(6-16) \$265.00
- Children 0-5 Free!

**FINANCIAL CALCULATIONS**

**Cabin**

# of Adults \_\_\_\_\_ x Fee \_\_\_\_\_ = \_\_\_\_\_  
 # of Children (6-16) \_\_\_\_\_ x Fee \_\_\_\_\_ = \_\_\_\_\_  
 # of Children (0-5) \_\_\_\_\_ x (Free!)

**R.V.**

# of Adults \_\_\_\_\_ x Fee \_\_\_\_\_ = \_\_\_\_\_  
 # of Children (6-16) \_\_\_\_\_ x Fee \_\_\_\_\_ = \_\_\_\_\_  
 # of Children (0-5) \_\_\_\_\_ x (Free!)

**Subtotal..... \$ \_\_\_\_\_**

**DISCOUNTS**

**Subtotal (from previous column) ..... \$ \_\_\_\_\_**  
 -\$30 UCC Members Discount (For each paying person) \$ - \_\_\_\_\_  
 -\$20 Discount x # in family (6 and over) \$ - \_\_\_\_\_  
 (If Paid in full by January 11)

**OR**

-\$10 Discount x # in family (6 and over) \$ - \_\_\_\_\_  
 (If Paid in full by May 11)

**Total Fee..... \$ \_\_\_\_\_**  
 Amount Enclosed (Min \$100 Non-refundable Deposit) \$ 100.00  
**Balance Due (Due Jan 15-Med/Dent, Mar 15 Family Camps  
 Prior to Camp) \_\_\_\_\_ \$ \_\_\_\_\_**

**Payment can be made by Visa or MasterCard**

Name of Card Holder \_\_\_\_\_ Amount Billed \_\_\_\_\_  
 Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Name(s) of Children included in this application (Note: If you are not the legal guardian, please have the legal guardian complete the youth camp health form.):**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**Mail to: Camp MiVoden, 3715 S Grove Road, Spokane, WA 99224 or fax (509)-242-1506  
 For additional information or to register online visit our website at [www.mivoden.com](http://www.mivoden.com) or call 509-242-0506**