



Seasonal Family Camp Registration Form

Name of Group: _____

Contact Person: _____

Email: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

Mailing Address: _____ City: _____ P/C _____

Church: _____ Have you been to KLBC before? Yes / No

Dates Requested: _____ Arrival/Departure Times: _____/_____

Number of those attending:

Females _____ # Males _____

Ages of Attendees:

0-4: _____ 5-11: _____ 12-17: _____ 18-60: _____ over 65: _____

Total number in group _____

FEES & SERVICES

1. Base Rate: \$400 per night \$400 x ____ days = _____

Paid Activities

1. Paintball: minimum 2 hours. \$10/hour per person _____ participants x \$10/hr = _____

2. Power Boats: minimum 2 hours. \$10/hour per person _____ participants x \$10/hr = _____

3. Archery: included for school groups. \$10/hour per person _____ participants x \$10/hr = _____

GST (5%)= _____

Total Fee: _____

For all family camp bookings a nonrefundable deposit of \$100.00 must accompany the signed contract. Registration fee to be paid in full upon arrival.