

CALLING
ALL!

Mothers

Daughters

Grandmothers

Granddaughters

Aunts

Nieces

Girlfriends

Coworkers

CALLING
ALL!

APRIL 13-15, 2012

Mark Your Calendar
NOW!!

DAUGHTERS OF HEAVEN

THE SESSIONS WILL BE GEARED FOR AGES 5 YEARS TO 105 YEARS!

...so that you may become blameless and pure, "daughters of God without fault in a warped and crooked generation." Then you will shine among them like **STARS** in the sky.

Philippians 2:15

LET THIS WEEKEND BE ONE TO REMEMBER FOR **ALL** FEMALES!

Fashion Show

Workshops

FUN

Crafts

GAMES

FOOD

Fellowship

Registration Form / "Daughters of Heaven Retreat"

(Adult #1) Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ / _____ Church: _____

Entire Program: # of Adults (21 years of age or older) _____ x \$50 each \$ _____
 # of Princess (13 to 20 years of age) _____ x \$40 _____
 # of Princess (under the age of 13) _____ x \$30 _____

Friday Only: Number (All Ages) attending _____ x \$15 each \$ _____

Saturday Only: # of Adults (21 years of age or older) _____ x \$35 each \$ _____
 # of Princess (13 to 20 years of age) _____ x \$25 _____
 # of Princess (under the age of 13) _____ x \$15 _____

Total: \$ _____
 Amt. Paid: _____
 Balance: \$ _____

[] \$10 Pre-registration fee **PER PERSON** is enclosed. • **Remainder due upon arrival** • Make checks payable to **CAMP CHRISTIAN**
 Mail to: *Camp Christian, P.O. Box 230, Mill Run, PA 15464*

• If you would like to use a **Credit** card or **Debit** card to cover the pre-registration fee and/or the entire cost of this retreat, please complete the form below. In order to safeguard your credit/debit card information, please fold the attached form on the dotted line making sure the credit/debit card information is on the inside of the fold.

-----To conceal credit/debit card information, please fold upwards on dotted line -----

	<input type="checkbox"/> Pre-Reg. Fee	\$ _____	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> Debit Card
P	<input type="checkbox"/> Charge	\$ _____				
R	Card Number:	_____ - _____ - _____ - _____	Exp. Date:	____ / ____		
I	Cardholder's Name (as it appears on the card) _____					
N	Cardholder's Billing Address: Street/PO Box # _____					
T	City:	_____	State:	____	Zip:	_____ Phone: _____ - _____ - _____
Note: Once we have charged your credit/debit card per your request, in order to safe guard your credit information, we will destroy this section of the registration form.						