GROUP RESERVATION FORM

Please return this form no later than March 31, 2010. Please be aware of camper/staff ratios.

CHURCH NAME

CHURCH CITY

CONTACT FIRST NAME

CONTACT LAST NAME

CHURCH PHONE

CONTACT PHONE

CHURCH FAX

CONTACT EMAIL

The Reservation form is just an ESTIMATE of how many people will be coming with your group and helps us avoid over crowding the camps. Sending in your Reservation Form helps us hold a spot for your group and does not obligate you to bringing that amount of campers. The Reservation is void if we do not receive the applications, housing forms & monies by your deadline dates. Please note the cost for camp postmarked after your deadlines increases.

DATE:_____

Please Reserve the # of campers/staff beds your church will need for the Camp(s) you will be attending.

kids breakaway	KZ-36 Camps camper/counselor ratio=6/1	KZ-12 Camps camper/counselor ratio=4/1
WEEK 1 June 14-18	# of Beds for Camp #1 _____	# of Beds for Camp #2 (Full Week) _____ # of Beds for Camp #3 (Partial Week) _____ KZ-12 option for Partial Week of camp is Mon-Wed ONLY!
WEEK 2 June 21-25	# of Beds for Camp #4 _____	# of Beds for Camp #5 (Full Week) _____ # of Beds for Camp #6 (Partial Week) _____ KZ-12 option for Partial Week of camp is Mon-Wed ONLY!

teen breakaway	Breakaway Teen Camp camper/counselor ratio=9/1	discipleship camp	Discipleship Camp camper/counselor ratio=9/1
WEEK 1 July 12-16	# of Beds _____		# of Beds _____
WEEK 2 July 19-23	# of Beds _____		Discipleship Camp is Week 1 only!

Please return this form to the address below postmarked by March 31, 2010

Illinois Breakaway Camps
PO Box 620
Carlinville, IL 62626
Phone
217.854.4600 ext 4141 or 4131
Fax
217.854.4635
ilsmonline.com

FOR OFFICE USE ONLY:

Postmark _____