

Please print and return **FALL CAMP REGISTRATION**
with your non-refundable deposit of \$25.00 per person to
Fall Camp 2019
Susan Summerlin
737 Churchill Dr.
Virginia Beach, VA 23464
(susan.summerlin@gmail.com)
Susan: 757 831-9969)

TOTAL COST: \$270 per person for a double room
\$350 per person for a single room
Make checks payable to Tri-Diocesan Council on Aging

Please mail your registration so it will be received by **OCTOBER 21.**

Express Check-in will be available for those whose full payment has been received by Monday, October 21

Please remember we cannot accept credit cards at check-in

NAME: _____

NAME YOU ARE CALLED _____

MAILING ADDRESS _____

CITY/STATE: _____ ZIP _____

PHONE: _____

E-MAIL _____

DIOCESE _____ CHURCH _____

_____ Single Room _____ Double Room Specific Room request _____

Sharing a room with _____

If you wish to be housed together with a specific group: _____

(this is not guaranteed. Everyone who wants to be included, needs to indicate, please)

SPECIAL HOUSING NEEDS: ShrineMont has a limited number of first floor rooms, especially those with no steps for access. If you request a first floor room, please explain your limitations so that we may assign you appropriately. Is your request for a first floor room one of ___preference or ___necessity ?

Room special requests will be honored in the order they are received .

For dietary needs call Shrine Mont at 540/856-2141 and speak to the kitchen staff.

I would like to contribute \$ _____ to the Fall Camp Scholarship Fund

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