

| Name:      |               |                   |     |
|------------|---------------|-------------------|-----|
| Phone Nu   | mber:         |                   |     |
| Number o   | of People:    |                   |     |
| Overni     | ght Camp      | oing              |     |
| Camping?   | Yes □         | No □ Drop-in only | - 🗆 |
| Friday nig | ht 🗆          | Saturday night 🛚  | 4   |
| Saturd     | ay Suppe      | er                |     |
| Attendin   |               | No □              |     |
| Additio    | onal Info     | rmation           |     |
| First Aid  | l Certified?  | · 🗆               |     |
| Payment    | Options:      | \$25 per night    | (no |
| F_transf   | an: $\square$ | Dehit: □          | 0.  |

Please submit completed form to the office.

Contact Information

E-transfer: □

Debit: □

finance@slavelakealliance.com (church machine)





Please Bring a salad or dessert to share.

Supper on Saturday—Hamburgers/Hot Pogs (or Bring your own meat)

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