

70th Anniversary Registration – September 10-12, 2010

Name _____

Mailing Address _____

City/State/Zip _____

Number of People Attending _____

Attendees Name

Age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Years Worked at Camp _____

Director _____

Position _____

Memorabilia _____

Accommodation Notes _____

Fees - \$40 per person – children 5 and under free Qty _____ x \$40 = \$ _____

Day Use Only \$15 per person (includes two meals) Qty _____ x \$15 = \$ _____

Payment Type: (Circle One) Credit Card Mail Check Pay on Arrival

Visa MasterCard (Circle Name as Appears on Card) _____

Card Number _____ Exp Date _____

Amount to Charge -\$ _____

Balance Due \$ _____

Please mail to: Camp MiVoden, 17415 E Hayden Lake Road, Hayden Lake, ID 83835
or fax to: 208-772-7106