

CAMP DE BENNEVILLE PINES WEEKEND

APRIL 12-14, 2024

REGISTRATION		
Last Name	First	Date
Phone	E-mail Address	
# Adults	# Teens	# Children ages 4-12
# Children under 3?	# Unsupervised children?	Total # in your party?
Names/Ages of kids attending:		

ACCOMODATIONS		
You may request more luxurious accommodations in Craig's Cabin for an additional \$90 per room, Cabin 6 for \$40/rm. There are also a limited number of double beds in standard cabins that may be requested for an additional \$30 per room. These requests will be granted on a first-come-first-served basis unless special accommodations are required to meet the needs of a registered guest or family.		
Craig's Cabin (\$90)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Double Bed (\$30) YES <input type="checkbox"/> NO <input type="checkbox"/>
Other Special Requests (Cabin 6 - \$40)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please describe:
Dietary Restrictions:		
# of Vegetarian:	# of Vegan:	# of Omnivores:

PAYMENT AND SCHOLARSHIP INFORMATION			
Special Accommodations (Double Bed \$30/rm, Cabin 6 \$40/rm or Craig's Cabin \$90/rm):	Qty:	Subtotal:	
Adults (\$195 each)	Qty:	Subtotal:	
Teens (\$75 each)	Qty:	Subtotal:	
Children 2-12 FREE	Qty:	Subtotal:	
Scholarship Donation (optional): Scholarships help ensure everyone in our community can attend Camp deBenneville Pines!		Subtotal:	
		TOTAL DUE:	

Payment Make Checks payable to UUFSD, add in the note: De Benneville Pines Family Camp. Deliver this registration form and payment to Chris Faller, or drop at the UUFSD office or mail payment to: UUFSD or 604 Santa Helena, Solana Beach, 92075.

Register and pay online at: <https://uufsd.org/connection/community-life/cdpwreg/>

Camp and/or registration questions? Email Chris at cfaller5@gmail.com or call/text 858.344.0227
All fees are subject to a \$25 cancellation fee, if cancellation notice is received after 3/16/2024.

*FOR OFFICE USE			
Paid: YES <input type="checkbox"/> NO <input type="checkbox"/> Partial <input type="checkbox"/>		Scholarship Received:	
Payment Information (check/card number):		Total Paid:	
Received by:		Date:	
Amount Due:			