



InsideOut Registration Form

Contact Name: _____ **Position:** _____

Church name: _____

Contact Address: Home Address Church Address (circle one)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Day Phone: _____ **Alt. Phone:** _____

Email: _____

Week of Camp you are registering for: _____

Number of Adults attending: (recommend 1 for every 6 youth)

Male: _____ **Female:** _____

Number of youth attending:

Male: _____ **Female:** _____

Number of rooms you are reserving & how many people to each room:

(4 to a room \$239, 3 to a room \$261, 2 to a room \$304)

Male: _____ **Female:** _____

Please note any special accommodation needs or other comments that could be helpful in coordinating your mission trip: _____

Please include this form with your deposit and mail to:

InsideOut youth ventures, P.O. Box 8972 Lakeland, FL 33806

- * **Call to reserve space prior to sending your deposit.**
- * **Please include a \$49 deposit per person to confirm your reservation.**
- * **Balance of \$190 due May 25th for June weeks & June 25th for July weeks.**