

Father/Son Retreat ~ September 28-29

Camp Eagle Registration Form (Please Print)

Parent/Guardian Name

Address City

State Zip Parent's Email

Home Phone Cell Phone

Home Church Pastor's Name

Son's Name	<input style="width: 95%; height: 25px;" type="text"/>	Son's Date of Birth	<input style="width: 95%; height: 25px;" type="text"/>
Son's Name	<input style="width: 95%; height: 25px;" type="text"/>	Son's Date of Birth	<input style="width: 95%; height: 25px;" type="text"/>
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Registration Fees

<input type="checkbox"/> One Father & One Son \$100	\$	<input style="width: 95%; height: 25px;" type="text"/>
<input type="checkbox"/> For Each Additional Son - add \$50 each	\$	<input style="width: 95%; height: 25px;" type="text"/>
<input type="checkbox"/> Early Bird Discount subtract \$5 per person (before September 21)	\$	<input style="width: 95%; height: 25px;" type="text"/>
<input type="checkbox"/> I'd like to help send an underprivileged camper to camp. Donations are tax-deductible.	\$	<input style="width: 95%; height: 25px;" type="text"/>
Total	\$	<input style="width: 95%; height: 25px;" type="text"/>

Credit Card Payments

Name (as it appears on the credit card)

Credit Card Number

Expiration Date CVC/CVV Number

Signature of Cardholder

Return the completed registration form with your payment to: Camp Eagle, PO Box 7010, Roanoke, VA 24019
All registrations are processed in the order they are received.
Questions: Please call (540) 366-2431 ext. 133 or visit us at www.campeagleva.org