

**Barbara C. Harris Camp & Conference Center  
2008 Summer Camp Registration**

office use: **FAMILY CAMP**

**Adult Camper Information**

Camper's Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Church Name and City \_\_\_\_\_ Denomination \_\_\_\_\_  
Primary email address \_\_\_\_\_

**Additional Campers with same family**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Child \_\_\_ Age(\_\_\_\_) or Adult \_\_\_ Male \_\_\_ or Female \_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Child \_\_\_ Age(\_\_\_\_) or Adult \_\_\_ Male \_\_\_ or Female \_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Child \_\_\_ Age(\_\_\_\_) or Adult \_\_\_ Male \_\_\_ or Female \_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Child \_\_\_ Age(\_\_\_\_) or Adult \_\_\_ Male \_\_\_ or Female \_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Child \_\_\_ Age(\_\_\_\_) or Adult \_\_\_ Male \_\_\_ or Female \_\_\_

**Emergency Contact**

Please list a contact not at camp in the event of an emergency

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**Accommodation Choice**

Cabins - 5 sets of bunk beds; 2 bathroom/shower areas; bring your own linens & towels  
(one family per cabin unless otherwise requested)

\$100 per adult x \_\_\_\_\_ \$50 per child (age 3-12) x \_\_\_\_\_ **Cabin Total Due:** \_\_\_\_\_  
(or maximum \$350)

Lodge rooms - sleeps 3 or 4; private bathroom; linens and towels provided

\$150 per adult x \_\_\_\_\_ \$75 per child (age 3-12) x \_\_\_\_\_ **Lodge Total Due:** \_\_\_\_\_

A deposit equal to 50% of **Cabin or Lodge Total Due** must be included with your registration made payable to Barbara C. Harris Camp and mailed to PO Box 204, Greenfield, NH 03047. All remaining balances are due 6/1/2008. No refunds will be given except in the event of illness, accident or family emergency.

For more information, please contact Colette Wood by email to [cwood@ststephenscohasset.org](mailto:cwood@ststephenscohasset.org) or call her at 617-922-9664.