



# TWIN LAKES BIBLE CAMP FAMILY CAMP REGISTRATION

For more information on camps and retreats see our website or brochure.  
WWW.TWINLAKESCC.COM

WHICH SESSION ARE YOU REGISTERING FOR?  Session 1  Session 2  Session 3

Parent/Adult Names: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone with area code (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Cell Phone with area code (Please Indicate Person)(\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Home Church and City if applicable \_\_\_\_\_

Children's Names	Age (at time of camp)	Grade (going into)	Relationship (ie. daughter, grandson, niece)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Accommodations: Specific lodging requests are honored based on a first come, first served basis with consideration for special needs. Lodging descriptions are available on our website under the "about us" tab. Please let us know your 1st and 2nd choice.

- THE INN
- SOUTH TWIN LODGE
- THE COTTAGE
- THE BUNGALOW
- RUSTIC TAN CABIN
- RV PARK
- RV WEST - LOCATED BY HARVEST HALL

Payment can be made by check or credit card. Deposit of 50.00 is non-refundable. Balance is due before camp begins.

- check enclosed
  - credit card number, name on card, expiration date, cvv number, and type of card (visa, m/c, or discover)
- Credit Card (circle one) AMEX VISA MasterCard Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_ Amount to be charged to your card: \_\_\_\_\_

Please provide all information and return to:

Twin Lakes Christian Center  
7718 Twin Lakes Road  
Manson, IA 50563  
or fax 712-297-7755