



2021 Family Camp Enrollment Application

Reservation Name: _____

Check one: Weekend A ___ Weekend B ___ Weekend D ___ Weekend E ___

Weekend A = check in: Friday 5/28 - check out: Monday 5/31 (first meal is breakfast on Saturday morning)

Weekend B = check in: Thursday 6/3- check out: Sunday 6/6 (first meal is breakfast on Friday morning)

Weekend D= check in: Thursday, 8/26 – check out: Sunday, 8/29 (first meal is breakfast on Friday morning)

Weekend E= check in: Friday, 9/3 – check out: Monday, 9/6 (first meal is breakfast on Saturday morning)

Number of Guests

Total Cost for 2021

Adults/Teens (age 13+) # _____ @ \$395

\$ _____

Children (age 5-12) # _____ @ \$195

Toddlers (age 4 and under) # _____ (Free)

Names of Guests: (If a guest is under 18, please provide his/her date of birth)

Guest 1	Name:	DoB:	Guest 5	Name:	DoB:
Guest 2	Name:	DoB:	Guest 6	Name:	DoB:
Guest 3	Name:	DoB:	Guest 7	Name:	DoB:
Guest 4	Name:	DoB:	Guest 8	Name:	DoB:

Contact Details

Address: _____

Phone: _____

Email: _____

Payment Details

Name as it appears on your credit card: (please print) _____

Card#: _____ Exp. Date: _____

Address the card is registered to: (if different than above) _____

City: _____ State: _____ Zip _____

I authorize a \$300 deposit to be taken from this card upon receipt of this application, with the remaining balance to be charged on March 1, 2021 for Weekend A or B or May 1, 2021 for Weekend D or E.

Reservation Requests or Notes: _____

Please return this form to Skylake via fax, email, or call us to register by phone!

Adrienne@skylake.com

Phone: 559-642-3720

Fax: 415-459-3066

*Cancellations more than 60 days before the start of Family Camp will receive a full refund less a \$100 cancellation fee

*Cancellations less than 60 days before the start of the Family Camp will receive a 50% Refund