Name:
Camp Name: $\square$
Address:
City/State/Zip:
Contact Number:
Email:
I am registering just myself:
I am registering a group:
$\square$ (I understand that I may be housed with other retreat attendees, list roommate preference in box below) $\square$ (Please list the names of all attendees, including yourself separating names by commas in box below)

## Group/Roommate Info

## Event Registration Options

| Registration Options | Check-in opens at 4pm on Sunday Feb. 29th. If lodging in dorms or retreat cabins, plan to bring bedding and towels. Meals include Monday breakfast Wednesday brunch. Conference will conclude Wednesday at 1 pm. Housing assigned by Highland Lakes to maximize usage. Off site hotel option available. | Total |
| :---: | :---: | :---: |
| Full Time Program Fee | Number of attendees $\square \times \$ 40$ per person |  |
| Part Time Program Fee | Number of attendees $\square \times \$ 15$ per person $\times \square$ days |  |
| Non CCCA Member Fee | Number of attendees $\square \times \$ 20$ per person |  |
| Registration after Feb 14 | Number of attendees $\square \times \$ 20$ per person (add \$20 per person if registering after Feb.14th) |  |
| Commuter Meal Rate | Number of attendees $\square$ <br> Number of attendees $\square$$\times \$ 26 \mathrm{pp}(2$ meals $)$ or d $18 \mathrm{pp}(1$ meal $) \times \square$ days |  |
| Dorm Lodging \& Meal Rate | Number of attendees $\square$ Number of attendees $\square$ $\times \$ 85 \mathrm{pp}(2$ nights \& 5 meals $)$ or $\times \$ 100 \mathrm{pp}$ ( 3 nights $\& 6$ meals) |  |
| Retreat Cabin Lodging \& Meal Rate | Number of attendees $\square \times \$ 100 \mathrm{pp}(2$ nights \& 5 meals) or Number of attendees $\square$ $\times \$ 110 \mathrm{pp}$ ( 3 nights \& 6 meals $)$ |  |
| Hotel Lodging \& Meal Rate | Number of attendees $\square$ Number of attendees $\square$ $\square$ $\times \$ 160 \mathrm{pp}(2$ nights \& 5 meals) or $\times \$ 210 \mathrm{pp}$ (3 nights \& 6 meals) |  |
| Log Cabin Lodging \& Meal Rate | Number of attendees $\square \times \$ 240 \mathrm{pp}$ (3 nights \& 6 meals) (requires double occupancy) |  |
| Payment can b Please make c Questions call | e made by mailing this completed form to Mike Kauffman at Camp Mack. hecks payable to CCCA-IN. The address is: P.O. Box 158 Milford, IN 46542. Mike at 574.658.4831. |  |

