## Registration Form - 2016 CCCA Super Sectional Feb. 28 - March 2, 2016 Highland Lakes Baptist Camp - Martinsville, IN



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

## **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 1pm. Housing assigned by Highland Lakes to maximize usage. Off site hotel option available.	Total
Full Time Program Fee	Number of attendees X \$40 per person	
Part Time Program Fee	Number of attendees X \$15 per person x days	
Non CCCA Member Fee	Number of attendees X \$20 per person	
Registration after Feb 14	Number of attendees x \$20 per person (add \$20 per person if registering after Feb.14th)	
Commuter Meal Rate	Number of attendeesx\$26 pp (2 meals) or Number of attendeesx\$18 pp (1 meal) x days	
Dorm Lodging & Meal Rate	Number of attendees x \$85 pp (2 nights & 5 meals) or Number of attendees x \$100 pp (3 nights & 6 meals)	
Retreat Cabin Lodging & Meal Rate	Number of attendees x \$100 pp (2 nights & 5 meals) or Number of attendees x \$110 pp (3 nights & 6 meals)	
Hotel Lodging & Meal Rate	Number of attendees x \$160 pp (2 nights & 5 meals) or Number of attendees x \$210 pp (3 nights & 6 meals)	
Log Cabin Lodging & Meal Rate	Number of attendees x \$240 pp (3 nights & 6 meals) (requires double occupancy)	
Payment can be made by mailing this completed form to Mike Kauffman at Camp Mack. Please make checks payable to CCCA-IN. The address is: P.O. Box 158 Milford, IN 46542. Questions call Mike at 574.658.4831.		