

## Mommy & Me Camp Rescheduled September 16-17, 2016

A new camping ministry opportunity for 3, 4 and 5 year olds!

This will be a 22-hour summer camp experience for young children and their mothers or grandmothers.

Participants will arrive at camp on Friday between 5:00 and 5:30 pm and depart on Saturday at 3:00 pm.

Activities will include worship, crafts, Bible study, recreation games, canteen, campfire, smores and much more.

#### The cost:

Single family occupancy - \$100 per adult and child \$40 each additional child

\*Double family occupancy - \$80 per adult and child \$40 each additional child

### Space is limited. Registration deadline is September 2.

To register, please complete the attached registration form, and mail it along with a non-refundable deposit of \$30 to Camp Pee Dee Retreat Center, 1201 Camp Pee Dee Road, Bennettsville, SC 29512.

Should you have any questions or need additional information, please contact Program Director Kelly Boone Sloan at (843) 479-3051.

<sup>\*</sup>Double occupancy requires families making arrangements to bunk together.

# Mommy & Me Camp Camp Pee Dee Retreat Center

September 16-17, 2016

### **Registration Form**



| Parent/Guardian Name:               |             |      |
|-------------------------------------|-------------|------|
| Preferred Name on Name Tag:         |             |      |
| Address:                            |             |      |
|                                     |             |      |
| Day Phone:                          | Cell Phone: |      |
| Email:                              |             |      |
| Church (if any):                    |             |      |
| Child's Name:                       |             |      |
| Preferred Name on Name Tag:         | Gender:     | Age: |
| Address:                            |             |      |
| Church (if any):                    |             |      |
| Child's Name:                       |             |      |
| Preferred Name on Name Tag:         | Gender:     | Age: |
| Address:                            |             |      |
| Church (if any):                    |             |      |
| Cost: \$                            |             |      |
| Non-refundable Deposit: \$          |             |      |
| Total Amount Due on Day of Arrival: | \$          |      |
| Roommate Request for double occu    | pancy:      |      |
| Special Needs or Dietary Needs:     |             |      |
|                                     |             |      |