



## Centrifuge / Centri-Kid / Crosspoint 2009 Registration Form

Please circle your choice for camp dates and mail it to  
Skycroft, 9621 Frostown Road, Middletown, MD 21769.

<b>Name of Camp</b>	<b>Date</b>	<b>Cost</b>
Centrifuge Week 1	June 21-26	\$285
<del>Centrifuge Plus Week 2</del>	<del>June 28 - July 3 (Fireworks)</del>	<del>\$285 - Waiting List</del>
Centrifuge Plus - Week 3	July 5-10	\$285
<del>Centri-Kid Week 1</del>	<del>July 13-17</del>	<del>\$260 - Waiting List</del>
<del>Centri-Kid Week 2</del>	<del>July 20-24</del>	<del>\$260 - Waiting List</del>
<del>Centri-Kid Week 3</del>	<del>July 27-31</del>	<del>\$260 - Waiting List</del>
Centri-Kid Week 4	Aug. 3-7	\$260

The non-refundable deposit is \$50 per person payable to Skycroft. Registration is on a first paid, first registered basis. After February 1, 2009, you forfeit \$50 for each person cancelled. If your numbers drop less than 30 days before camp, you will be charged in full for cancellations. A 5:1 ratio of youth to adult is required.

Number you would like to pre-register for: \_\_\_\_\_

Name of church: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Church Phone #: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Contact's Phone #: \_\_\_\_\_

Fax: \_\_\_\_\_