



FAMILY CAMP

2011

dates: September 2-5

Message and Music by:
Tommy and JT Oaks
Sessions Nightly



Family Camp 2011 Registration Form

Family Last Name _____

Dad's First Name _____ Mom's First Name _____

Children's Names & Ages: _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Church _____

COSTS:

\$40/Adult - includes meals
\$25/Child (under 12) - includes meals



REGISTRATION DEADLINE:
SEPTEMBER 25

We will stay in: ____ Our own camper or tent
 ____ Lake View Lodge
 ____ Valley View Lodge

(Please ask additional family or friends to help fill your room
to make space for all maximum occupancy per room - 12)

Send to: Camp Illiana, 723 E. 450 S., Washington, IN 47501

Office: (812) 254-3322 FAX: (812) 254-5485
Website: www.campilliana.org Email: info@campilliana.org