

# FATHER CHILD FISHING WEEKEND

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GRAB YOUR FISHING GEAR AND COME EXPERIENCE A MEMORABLE WEEKEND WITH YOUR CHILDREN! CATCH TROUT TOGETHER FROM OUR STOCKED POND, RELAX AROUND A CAMP FIRE, AND HEAR FROM OUR GUEST SPEAKER. YOU WILL EVEN "CATCH" OUR ANNUAL FISHING DERBY! IT WILL BE A WEEKEND FULL OF QUALITY TIME FOR YOU AND YOUR CHILDREN. COST IS \$147 FOR ONE FATHER AND ONE CHILD. EACH ADDITIONAL CHILD IS \$63.

DAD'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ HOME PHONE \_\_\_\_\_

NAME OF CHILDREN ATTENDING	M/F	CURRENT GRADE	DOB/AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

CABINMATE PREFERENCE #1 \_\_\_\_\_

CABINMATE PREFERENCE #2 \_\_\_\_\_

**PAYMENT METHOD: CHECK OR MONEY ORDER | VISA | MASTERCARD | DISCOVER CARD**

PAYMENT AMOUNT: \$ \_\_\_\_\_

NAME ON CARD (PLEASE PRINT) \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

### CANCELLATIONS SUBJECT TO A \$25 FEE

**EMERGENCY CONSENT AND PHOTO RELEASE:** I HEREBY GIVE MY CONCENT FOR MY CHILD TO PARTICIPATE IN FISHING AND OTHER CAM ACTIVITIES, AND RECEIVE ROUTINE AND/OR EMERGENCY MEDICAL CARE FROM A PHYSICIAN OR EMERGENCY FACILITY, IN CASE I CAN BE REACHED IN AN EMERGENCY. I GIVE MY PERMISSION FOR CRISTA TO USE ANY PHOTOS TAKEN OF ME OR MY FAMILY AT ANY CRIS EVENT IN THEIR PUBLICATIONS, AND I RELEASE ALL RIGHTS TO REMUNERATION FOR SUCH PHOTOS.

X \_\_\_\_\_  
SIGNATURE (REQUIRED)

COMPLETE FORM AND MAIL, WITH FULL PAYMENT TO: CRISTA CAMPS 12500 CAMP CT. NW, POULSO, WA 98370  
P: 360.697.1212 | TOLL FREE: 1.877.723.4373 | F: 360.697.1709 | E: INFORMATION@CRISTACAMPS.COM

