



Laurel Ridge Mission Camp 2010 Group Deposit Form



124 Pendry Drive, Laurel Springs, NC 28644, 1-888-831-5922

Group _____

Contact person _____

Phone _____ **Alternate phone** _____

Email _____

Mission Camp session:

____ Week 1- June 20-25

____ Week 2- July 4-9

____ Week 3- July 11-16

____ Week 4- July 25-30

____ Week 5- August 1-6

Number of reservations:

____ youth

____ adults

A registration deposit of \$175 per person must be received by **March 15** to hold the reservation, with the remaining \$175 due by **June 1st**. Please do not ask participants to register as individuals or forward individual payments to Laurel Ridge.

Number of adults _____ x \$175.00 = \$ _____

Number of youth _____ x \$175.00 = \$ _____

Total group deposit due \$ _____

We will be hiring staff, purchasing materials & supplies and establishing work sites based on registration numbers so please note that deposits are **NON-REFUNDABLE**.