

2020 Oakland Feather River Family Camp Registration Form

OFFICE USE ONLY					
Rcvd	How Rcvd				
Conf. Recpt.	Conf. Ltr.				
Alpha	Access				

Please see www.FeatherRiverCamp.com/Family-Camp for rates, dates, cancellation policies and other important information on registration. To ensure timely registration processing, please print legibly and complete all fields.

HEAD	OF HOUS	SEHOLD CON	TACT INFO	RMATION					
ONTACT PERSON:									
FIRST		MI				LAST			
TREET ADDRESS:									
ADDRESS		APT #	C	CITY	STATE		ZII		
RIMARY PHONE:(Please indicate: Home	o / Call / Mari	SE	CONDARY PHO		indianta	Home / Cell /	(14/2 m/s)		
(Please Indicate: Home	e / Ceii / Wori	()		(Please	maicate: i	Home / Cell /	WORK)		
MAIL: & EMAILS OF OTHER FAMILY MEMBERS									
nis will be our summer at OFRC.		I/we currently wo	ork in Oakland	☐ I/we	e am/are	a former Oak	land reside		
ow did you first hear about OFRC? (specific	ity is appreciate	d!)							
FAMILY I	MEMBER I	NFORMATIO	N & COST C	ALCULAT	ION				
lease fill out this section clearly and fully. Age	information is	gathered for demo	graphic reporting	and helps us	plan for ag	e-appropriate	programmi		
Camper Name*	Age Dietary Restrictions		Arrival Date	Departure Date	# of Nights	Nightly Rate	Total		
		Reserved		Date	mgnts	nate			
*For groups of >5 campers	nlease use	additional form	 nc	Sub-Tota	al Campe	er Cost:			
	, picase ase	addicional Torri			-				
iscount Code:			vaiue	of Discoun		-			
				Sub-Total After Discount:					
# of Tents/Cabins Needed:	Facility N	laintenance Su	aintenance Surcharge (\$10/night/per each tent/cabin):						
(4 beds max per tent/3 beds max per cabin)					or each tent/cabin with electricity				
	# of Dogs	s (2 max):	\$20/night f	or each dog	*Dog Week Only*				
			_ 1 -7 3 -	TOTA					
					IOIA	L DOL.			
ADDITIONAL H	IOUSEHOL	D CONTACT	INFORMAT	ION (if ap	plicabl	e)			
Please provide the contact information for the additional youth that may be staying in your ter	primary adult for nt or cabin. You o	r each household sta do NOT need to fill o	ying in your tent o out this section if al	r cabin and/or I members liste	a parent's o	contact informations	tion for any e household.		
ONTACT PERSON: FIRST		MI		,		LAST			
		1.11				LAST			
REET ADDRESS:ADDRESS		APT # CIT		ITY	STATE		ZIF		
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		,			,				

How did you first hear about OFRC? (specificity is appreciated!)

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Please provide any health or medical conditions for anyone in your family or group which our Camp Health Staff should be aware of (severe allergies, mobility issues, or if bringing a service dog). Feel free to use an additional page if needed.

TENT/CABIN PREFERENCE & REQUESTS

We welcome you to request a specific type of accommodation, tents or cabins if you have a preference. We do our best to provide everyone one of their top three requests, however cabin assignments are processed in the order they were received.

ACCOMMODATION TYPE

(please indicate)

SPECIFIC TENT/CABIN #

(in order of preference)

Tent Cabin No Preference 2. 3.

OR, IF NO SPECIFIC TENT/CABIN REQUEST, PLEASE LIST OTHER FAMILIES WHO YOU'D LIKE TO CAMP NEAR

2. 3.

If all of your tent/cabin requests are already taken, we will reach out to explore other options.

OPTIONAL

CAMPER DEMOGRAPHICS

Many foundations require camper demographics to receive grant funding. In addition, providing camper demographic information may reduce the cost of leasing land from the Forest Service. Participation is optional, but much appreciated!

Ethnicity (check all that apply)

- _ African
- Asian
- Caucasian
- _ Latino/Hispanic
- Middle Eastern _ - Indigenous American
- __ Pacific Islander
 - Other:_

- **Annual Household Income**
 - ____ under \$25,000
 - ___ \$25,000 \$50,000 - \$50,000 - \$75,000
 - ____ \$75,000 \$100,000

 - over \$100,000

SUPPORT AND GIVE BACK TO CAMP

Last year, with the support of campers and donors like you, we provided over \$70,000 in scholarships to low-come youth and families and made critical facility repairs and renovations. We invite you to join us in supporting these efforts by making an optional, tax-deductible donation to Camps in Common:

Campership Fund

Facility Improvement

Wherever Most Needed

PARENT/GUARDIAN(s) EMPLOYER / OCCUPATION(s):

PAYMENT INFORMATION

A minimum 50% deposit of the total due is required upon time of registration to quarantee your family's reservation. Paying by check helps Oakland Feather River Camp by significantly reducing charge fees. Please make checks payable to Camps in Common.

If paying by credit card, your remaining balance will be charged on the balance due date (May 15, 2020 for arrival dates in June, and June 1, 2020 for arrival dates in July). Please see website for change & cancellation policies.

By submitting this form, the submitter accepts the 2020 OFRC registration policies, including, but not limited to, the cancellation and reservation change policies.

Total Registration Cost: \$ Deposit Amount Enclosed/To Charge: \$ Balance Due: \$

Payment Method (indicate): Check Credit Card Money Order Check/Money Order #: ____

CC#: Exp. Date: Today's Date:

Cardholder's Name: _____ _____ Cardholder's Signature: _____ (Please Print)

Please send completed registration form and payment to:

Camps in Common, PO Box 11061, Oakland, CA 94611

High Quality Scans can be emailed or faxed to: Info@FeatherRiverCamp.com or 510-601-1595

Once payment has been received and processed, you will receive an email with your confirmation info and receipt.

☐ Please check here if you'd like your confirmation letter mailed instead of emailed.

Updated 11.06.19 Page 2 of 2