

Registration is limited – reserve your spot today!

# 福 TRFCC09 culture camp



Oglebay Resort Wheeling, WV **september 11 / 12 / 13**

\_\_\_\_\_  
**Adult / Parent #1** Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone Email

\_\_\_\_\_  
**Adult / Parent #1** Name

\_\_\_\_\_  
Address ( ) *same as above*

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

\_\_\_\_\_  
Phone ( ) *same as above* Email ( ) *same as above*

\_\_\_\_\_  
Child #1: Name Date of Birth

\_\_\_\_\_  
Child #2: Name Date of Birth

\_\_\_\_\_  
Child #3: Name Date of Birth

\_\_\_\_\_  
Child #4: Name Date of Birth

**COST:**

**\$50 per person** ages 2 and up.  
Infants under 2 are free.

*The family maximum will be \$200*

- \$25/deposit per family due by June 30, 2009
- Final Payment due by August 1, 2009

**The registration fee for camp includes lodging in our bunk bed cabins; all food and beverage Saturday and Sunday and beverages Friday; supplies and materials for classes and crafts; counselors and camp staff.**

**TO REGISTER:**

MAIL REGISTRATION FORM  
& CHECK TO:

TRFCC  
PO Box 18593  
Pittsburgh, PA 15236

**VOLUNTEER!**

YES! I would like to volunteer some time during camp.  
Please contact me!

If you would like to bunk with a certain family, please state their name and we will do our best to accommodate your request.

\_\_\_\_\_  
Does anyone require any special assistance for participation in activities? If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Does anyone have any allergies (food, insect, etc.) or have any dietary restrictions? If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_

**Family Name**



**TRFCC Membership (Renewal / New Member / Information Update)**

This information is used for mailings, e-mails and the directory. Broadcast e-mails are used to inform members of activities on a monthly basis.

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email\* \_\_\_\_\_

\*please update email address

Child's Name	Date of Birth	Name of Agency	City & Province	Birth Child (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

[ ] Please DO NOT publish my information in the TRFCC Directory.

**Yearly Membership \$30.00**

**JULY 12 TRFCC/OCA Summer Picnic**

[ ] Number of Adults x \$10.00

[ ] Number of Children (3+) x \$5.00

**AUG 7 TRFCC Day at Idlewild**

[ ] Number of Tickets (3+) x \$12.00

**SEP 11-13 TRFCC 2009 Culture Camp**

*Please also complete Culture Camp Registration Form on reverse.*

**Deposit \$25.00**

[ ] Number of People (2 and up) x \$50.00  
Family Maximum will be \$200

Checks payable to TRFCC

**Total Enclosed**