



FOREST HOME MILL CREEK CANYON

40000 Valley of the Falls Dr.

Forest Falls, CA 92339

MAIN 909.389.2300 FAX 909.389.2330

OFFICE USE ONLY
RECEIVED _____

FINAL COUNT REGISTRATION FORM

1. This Final Count Form is for the following Forest Home conference: _____

2. GROUP _____

ADDRESS _____ PHONE _____
(Street) (City, State, Zip) (Area code - Number)

CONTACT PERSON _____ OFFICIAL CAPACITY _____

3. Who will assume check-in responsibility upon your group's arrival? _____
(See Handbook for details)

4. If your group will be sending campers to more than one Forest Home conference, handle EACH conference separately. Send ONE check from your church to cover deposits for each camp, and another to cover final payment. Sorry, no personal checks can be accepted.

5. Final payment, final count registration form, counselor roster, special housing sheet (if applicable), and medical release forms must be in the Forest Home Registration Office **NO LATER** than 2 weeks prior to conference.

Send to: Forest Home Inc. c/o Registration, 40000 Valley of the Falls Dr., Forest Falls, CA 92339

**A 10% late fee will be charged if the due date for final data is not met.*

6. Fill out the following information accurately. Send one copy to Forest Home so that it arrives by the above listed final due date; keep one for your records. After the Final Count Form has been submitted, you **MUST** contact a Forest Home Registrar for approval of any further changes prior to your group's arrival.

NO SHOWS WILL BE CHARGED FULL COST.

MALE CAMPERS: _____ <small>(no.)</small>	Total Males Registered: _____
*MALE COUNSELORS: _____ <small>(no.)</small>	
FEMALE CAMPERS: _____ <small>(no.)</small>	Total Females Registered: _____
*FEMALE COUNSELORS: _____ <small>(no.)</small>	

TOTAL CAMPERS AND COUNSELORS: _____

*NOTE: A group must provide counselors according to the ratio indicated in the registration handbook. An uncounseled camper fee as specified on your contract will be charged where the ratio has not been met.

7. On the reverse side, please list names of boys and counselors, and girls and counselors. Place an asterisk(*) beside each counselor's name.

8. To help in our planning, how many vehicles do you anticipate leaving on grounds during camp? _____ cars _____ vans _____ buses

**FINAL PAYMENT MUST ACCOMPANY THIS FORM.
THANK YOU.**

LIST NAMES OF CONFEREES AND COUNSELORS. Put an asterisk (*) beside each counselor's name.

Boys

(Church Name)

Girls

- | | |
|-----------|-----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |
| 9. _____ | 9. _____ |
| 10. _____ | 10. _____ |
| 11. _____ | 11. _____ |
| 12. _____ | 12. _____ |
| 13. _____ | 13. _____ |
| 14. _____ | 14. _____ |
| 15. _____ | 15. _____ |
| 16. _____ | 16. _____ |
| 17. _____ | 17. _____ |
| 18. _____ | 18. _____ |
| 19. _____ | 19. _____ |
| 20. _____ | 20. _____ |
| 21. _____ | 21. _____ |
| 22. _____ | 22. _____ |
| 23. _____ | 23. _____ |
| 24. _____ | 24. _____ |
| 25. _____ | 25. _____ |

IF MORE ROOM IS NEEDED, PLEASE ATTACH LIST.