



FOREST HOME MILL CREEK CANYON

40000 Valley of the Falls Dr.

Forest Falls, CA 92339

MAIN 909.389.4488 FAX 909.389.2330

OFFICE USE ONLY
RECEIVED _____

FINAL COUNT REGISTRATION FORM

1. This Final Count Form is for the following Forest Home Retreat/Camp: _____

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 Retreat/Camp, 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 retreat/camp.

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: _____ (no.)

*MALE COUNSELORS: _____ (no.)

FEMALE CAMPERS: _____ (no.)

*FEMALE COUNSELORS: _____ (no.)

Total Males Registered: _____

Total Females Registered: _____

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 boy campers, boy counselors, girl campers and girl 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 CAMPERS 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.