

2019 CCMC Registration Form

CAMPER INFORMATION								
Firs	st Name	Las	t Name	Priı	mary Phone Number	Alte	ernate Phone Number	
Email Address								
Mailing Address								
Address 2								
City	/	Sta	te	Zip		Coi	untry	
☐ 18 years or older ☐ Applying for a scholarship (c				check this box and we will send you a scholarship application)				
EMERGENCY CONTACT INFORMATION								
Name of Emergency Contact					Email Address		Phone Number	
Address								
City	/	Sta	te	Zip		Coi	untry	
WHICH WEEK(S)?								
		٥	Week 1: July 7-13 (\$200 deposit enclosed)		Week 2: July 14–20 (\$200 deposit enclosed)		Both weeks (\$400 deposit enclosed)	
LODGING								
	Cabin with bath (\$1,180)		Cabin without bath (\$1,070)		RV/Large vehicle (\$1,010)		Tent (\$985)	
CABIN SLEEPING ARRANGEMENTS								
	Women only		Men only		Co-ed			
	Quiet cabin at night		Cabin with snorers OK		Cabin with handicap acces	S		
MEALS								
	Vegetarian		Vegan		Gluten free		No red meat	
CABIN BUNKMATE REQUESTS OR ANY OTHER COMMENTS								
IF MY PREFERRED WEEK IS FULL								
Add me to the waiting list for my selected week Add me to the waiting list for the first available opening in either week Cancel my registration and return my deposit								
HOW DID YOU HEAR ABOUT CCMC?								
	Acoustic Guitar		CBA Breakdown		folknik		Mandolin Cafe	
	Craigslist		Friend		Music teacher		Web search	
	Other:							
	A tax-deductible donation of \$ is enclosed							