



2020 Labor Day Weekend Family Camp Registration Form

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

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

HEAD OF HOUSEHOLD CONTACT INFORMATION

CONTACT PERSON: _____
 FIRST MI LAST

STREET ADDRESS: _____
 STREET APT # CITY STATE ZIP

DAY PHONE: _____ **EVENING PHONE:** _____
 (Please indicate: Home / Cell / Work) (Please indicate: Home / Cell / Work)

EMAIL: _____
 & EMAILS OF OTHER FAMILY MEMBERS

This will be our _____ summer at OFRC. I/we currently work in Oakland I/we am/are a former Oakland resident

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

FAMILY MEMBER INFORMATION & COST CALCULATION

Please fill out this section clearly and fully. Age information is gathered for demographic reporting and helps us plan for age-appropriate programming.

Camper Name*	Age	Dietary Restrictions	Planned Arrival Date	Planned Departure Date	Weekend Rate/Cost
# of Tents/Cabins Needed: _____ (4 beds max per tent/3 beds max per cabin)	Facility Maintenance Surcharge (\$30 per each tent/cabin):				
	Electricity: <input type="checkbox"/> YES <input type="checkbox"/> NO (\$15/surcharge for each tent/cabin with electricity):				
	# of Dogs (2 max): _____ (\$60/weekend / per dog):				
TOTAL DUE:					\$

CONTACT INFORMATION FOR ADDITIONAL FAMILIES (if applicable)

Please provide the contact information for the primary adult for each household staying in your tent or cabin and/or a parent's contact information for any additional youth that may be staying in your tent or cabin. You do **NOT** need to fill out this section if all members listed above reside in the same household.

CONTACT PERSON: FIRST MI LAST

STREET ADDRESS APT # CITY STATE ZIP

HOME # CELL # WORK #

EMAIL & EMAILS OF OTHER FAMILY MEMBERS

This will be our _____ summer at OFRC. I/we currently work in Oakland I/we am/are a former Oakland resident

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

HEALTH AND MEDICAL NEEDS

Please provide 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):

TENT/CABIN PREFERENCE & REQUESTS

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

ACCOMMODATION TYPE (please indicate)

Tent Cabin No Preference

SPECIFIC TENT/CABIN (in order of preference)

1. _____ 2. _____ 3. _____

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

1. _____ 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-income 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% of Camper Fees deposit is required upon time of registration to guarantee 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 August 15, 2020. 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 (November - May 14)
Oakland Feather River Camp, PO Box 3229, Quincy, CA 95971 (May 15 - September)

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.