

Bridges To Service

2009 District Conference

Thursday, May 14 - Sunday May 17, 2009
Crossroads Center, 2095 W. Fair Ave. Lancaster.

Camp Rotary Registration Form

Complete and mail to: Rotary District Conference
235 S. Columbus St.
Lancaster, OH 43130

Questions? 740-415-8859
www.district6690.org
conference@district6690.org

We want the weekend to be enjoyable for the whole family. While you are at the conference and your guest is on an excursion, your children can be enjoying Camp Rotary. Camp Rotary is fully adult-supervised. Children ages 4 to 14 can participate. Times for Camp Rotary events coincide with conference event times. All camps begin and end at Crossroads Center. Any transportation needed for the camp is provided.

Camp Rotary runs in four session:

Friday Day, 8:00am - 4:00pm. Includes continental breakfast and lunch.

Friday Evening, 6:30pm - 10:30pm. Includes dinner.

Saturday Day, 8:00am - 4:00pm. Includes continental breakfast and lunch.

Saturday Evening, 6:30pm - 9:30pm. Includes continental breakfast and lunch.

YOUR INFORMATION

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone 1: _____

Phone 2: _____

Email Address: _____

CAMP ROTARY

Child's Name	Age	Friday Day 8am - 4:15pm \$10/child	Friday Evening 6:30pm - 10:30pm \$10/child	Saturday Day 8am - 4pm \$25/child	Saturday Evening 6:30pm - 9:30pm \$10/child
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Subtotal: _____

TOTAL & PAYMENT METHOD

Subtotal _____
Camp Rotary _____
Total _____

Payment Method

Check. Enclose and make payable to
'Lancaster Rotary Club'

Credit Card

Type: Visa Mastercard

Name: _____

Number: _____

Exp. MM/YY: _____ Security Code: _____

Signature: _____