



REGISTRATION FORM

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Home #: _____

Cell #: _____

Email: _____

PLEASE CHECK ALL THAT APPLY:

Staff

Parent

Friend of Camp

Alumni:

Staff

Camper

Parent

_____ **Platinum Table at \$1,500 Level**

Includes 10 tickets, premium seating, 20-50/50 tickets, wine at the table, souvenir wine glass, program recognition, special gift, & table attendant

_____ **Gold Table at \$1,000 Level**

Includes 10 tickets, premium seating, 10-50/50 tickets, wine at the table, souvenir wine glass, & program recognition

_____ **Silver Table at \$750 Level**

Includes 10 tickets

_____ **Number of Tickets at \$75/ea.**

Price increases to \$100/ea. after February 17th

_____ **Number of 50/50 Tickets, \$5/ea. or 6 for \$20**

_____ **I cannot attend but wish to contribute**

\$ _____

Payment Information

Check enclosed in the amount of \$ _____
(payable to Camp Ondessonk)

OR

Please bill my: ___ VISA ___ MC ___ DISCOVER
Name as it appears on the card:

Billing Address (with City, State, and ZIP):

Card Number: _____

Expiration Date: _____

Signature: _____

Guest Names

Please note "V" for Vegetarian Meal

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please R.S.V.P. by February 13, 2017
Registration is also available online at Ondessonk.com