New Hope Camp and Conference Center, Inc.
Special Event Registration Form

Today's Date: _____ Name: _____

Register me for: _____ Dates: _____

Church name: _____Church City: _____

Address: _____City: _____ State: ____ Zip: _____

Home Phone (_____) _____-_____ Cell Phone (_____) _____-_____

Email Address: _____

Fees and Payment

Fee: **$___ per person. This fee covers the program and food* (if applicable). Payment may be cash, check, MC or VISA.**

Refund Policy: If cancellation occurs ten or more weekdays prior to the event, all deposits and fees paid are fully refundable except for a $5 service charge. If "late" cancellation occurs, less than ten weekdays prior to the event, all deposits and fees paid are non-refundable, unless the cancellation occurs due to a verifiable medical or family emergency. A full refund will be given if NHCCC should cancel due to weather conditions.

Rain date: _____

Health/Emergency Contact Information

_____ (____)_____-_____ (____)_____-_____

Primary Emergency Contact Day Phone Evening Phone

Please list any known allergies or health conditions requiring restriction or other accommodation while at NHCCC:

Do you require a vegetarian option*: Yes No

New Hope Camp & Conference Center, Inc.

4805 Hwy 86
Chapel Hill, NC 27514

(919)942-4716 office
(919)942-3266 fax