

**PLEASE RETURN FALL CAMP REGISTRATION
WITH A NON-REFUNDABLE DEPOSIT OF \$25.00**

Make checks payable to Tri-Diocesan Council on Aging

**Mail to: Fall Camp 2009
 P.O. Box 1275
 Louisa, Virginia 23093**

**COST: \$245 per person for a single room
 \$215 per person for a double room**

NAME: _____

NAME YOU ARE CALLED _____

STREET ADDRESS _____

CITY/STATE: _____ **ZIP** _____

PHONE: _____

E-MAIL _____ **DIOCESE** _____

CHURCH _____

_____ **Single Room** _____ **Double Room**

Sharing a room with _____

SPECIAL HOUSING Needs: _____

**For dietary needs call Shrine Mont at 540/856-2141 and speak
to the kitchen staff.**

Sign up for workshops will take place at registration.

**I would like to contribute \$ _____ to the Fall Camp
Scholarship Fund.**

I am enclosing \$ _____ for Stop Hunger Now.