

activity options:

archery

canoeing

horseback riding

campfire

trail hiking

Camp Toccoa's SPRING FAMILY WEEKEND is a one-night overnight for families with school-aged children.

WHEN: Check-in is between 11-12 on Saturday, March 10th and departure is at 9:30 Sunday, March 11th.

WHERE: Camp Toccoa is located in the foothills of the Blue Ridge Mountains just 90 minutes northeast of Atlanta.

WHAT: 3 meals, lodging and programming are all included. Our cabins are designed as one large room with 9 beds and separate restrooms nearby.

Camp Fire USA Georgia Council's

SPRING FAMILY WEEKEND

at Camp Toccoa

March 10th & 11th

www.camptoccoa.org

706-886-2457

TO REGISTER: Complete the registration form on back and send with payment by mail: **92 Camp Toccoa Drive; Toccoa, Ga 30577**, by email: **info@camptoccoa.org** or by fax: **706-886-5123**





Camp Toccoa Family Weekend Registration Form

92 Camp Toccoa Drive
Toccoa, Georgia 30577
706-886-2457



<u>Primary Contact for Group/Family</u>		<u>Total # Adults</u>	<u>Total # Youth</u>	<u>Age</u>	<u>Gender</u>
<u>Street Address</u>		<u>City</u>	<u>State</u>	<u>Zip</u>	
<u>()</u>	<u>()</u>	<u>()</u>			
<u>Primary Phone</u>	<u>Secondary Phone</u>	<u>Additional Phone</u>			

Email (A valid email is required in order to receive confirmation of registration)

Housing Request (If you would like to be housed with a particular family, please note that here. Camp Toccoa will make every effort to honor requests.)

<u>Secondary Contact for Group/Family</u>		<u>Age</u>	<u>Gender</u>
<u>()</u>	<u>Primary Phone</u>		
	<u>Email</u>		

<u>Child's Name</u>	<u>Age</u>	<u>Gender</u>	<u>Child's Name</u>	<u>Age</u>	<u>Gender</u>
<u>Child's Name</u>	<u>Age</u>	<u>Gender</u>	<u>Child's Name</u>	<u>Age</u>	<u>Gender</u>

Does any member of your family/group have special dietary needs (this includes vegetarians)? Yes No

If yes, please note here: _____

Our cabins house 9 individuals. Groups of fewer than 6 individuals may need to be housed together by Camp Toccoa.

May be paid by check or credit card. Must be paid in full to finalize registration.

Total # of adults and children:	_____ x \$30.00 for non-club members	TOTAL
	_____ x \$25.00 for Camp Fire USA club members	_____
	_____ x \$20.00 for non-club members (<i>Saturday only</i>)	_____
	_____ x \$15.00 for Camp Fire USA club members (<i>Saturday only</i>)	_____
		= \$ _____

Please mail check with registration or fill in credit card information below.

Visa Mastercard Cardholder Name: _____ Expiration: _____ / _____
Card Number: _____ Cardholder Zip: _____

PARTICIPANT AGREEMENT:

I understand and certify that my family/group's participation in Camp Toccoa and its activities is completely voluntary and I have familiarized myself with the camp's programs and activities in which my family/group will be participating. I recognize that certain hazards and dangers are inherent in the camp events and program, particularly, but not limited to, the activities of horseback riding, swimming, rock climbing, high ropes course and rappelling, and I acknowledge that although Camp Toccoa has taken safety measures to minimize the risk of injury to camp participants, Camp Toccoa cannot insure nor guarantee that participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I recognize and have instructed my family/group in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection and/or surgery for any member of my family/group as named on this form. I understand that acceptance in the program is conditioned on appropriate behavior and following the rules. If any member of my family/group has any special needs, including a special diet or disability, I will contact Camp Fire USA Georgia Council at least one week before the program or event. If any member of my family/group is photographed at camp, I authorize Camp Fire USA Georgia Council to use the picture for publicity purposes. I have read and understood the above policy and agree to the terms.

Primary Contact Signature

Date

Send by fax to 706-886-5123 or by mail to 92 Camp Toccoa Drive; Toccoa, GA 30577.

When we have received registration and payment, we will send you a confirmation email with detailed information.