

Invoice: Reg \_\_\_\_\_ (Office Use)  
Rm&Bd \_\_\_\_\_ DB Y N

Scottsville Camp & Conference Center, Scottsville, TX

(Office Use) Date \_\_\_\_\_  
Ck# \_\_\_\_\_ \$ \_\_\_\_\_

# TCA2010 Registration

July 23- July 29

**Registration will only be accepted with payment.** Please fill out form below completely as you know it will be for 2010. This registration (NOT FOOD & LODGING) is to be **mailed to Walter Farmer at 11154 Old Hearne Rd, Bryan, TX 77807.**

[contactus@texaschristianashram.com](mailto:contactus@texaschristianashram.com) or [wamlf@txcyber.com](mailto:wamlf@txcyber.com)

Name: \_\_\_\_\_ Spouses name: \_\_\_\_\_

Dependents:	Age in	Grade	Age in	Grade
Name	July	Completed	July	Completed
	2010	May 2010	2010	May 2010
_____	____	____	____	____
_____	____	____	____	____
_____	____	____	____	____

Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

1<sup>st</sup> Time to Attend TCA? YES \_\_\_ NO \_\_\_ Name(s) of 1<sup>st</sup> time Ind \_\_\_\_\_  
 #Nights Stay (Place an "X" beside one number)  
 \_\_\_1\_\_\_2\_\_\_3\_\_\_4\_\_\_5\_\_\_6 Handicap Room Needed? YES \_\_\_ NO \_\_\_

**Place "X" beside FIRST & LAST Meals Below:**

Fri 7/23	Sat 7/24	Sun 7/25	Mon 7/26	Tue 7/27	Wed 7/28	Thur 7/29	Any food allergies:
___Break	___Break	___Break	___Break	___Break	___Break	___Break	_____
___Lunch	___Lunch	___Lunch	___Lunch	___Lunch	___Lunch	___Lunch	Diabetes? Yes? ___ who: _____
___Dinner	___Dinner	___Dinner	___Dinner	___Dinner	___Dinner	___Dinner	_____

**Registration Fees: Adults \$15.00 ea. Dependent (birth-college) \$10.00 ea.**

ONLY REGISTRATION FEE ENCLOSED: \$ \_\_\_\_\_ covering \_\_\_\_\_ Adult(s) & \_\_\_\_\_ Dependent(s)

(NOT FOOD & LODGING FEES) Make checks payable to: Texas Christian Ashram

FOOD & LODGING - Per Person, Per Day (A day equals one night and three (3) meals: B,L,D)  
 (Additional meals are \$8.00 each). Babies eat off Adult plate or bring food.  
 OFF-CAMP LODGING IS AVAILABLE. CAMP MEALS ARE AVAILABLE AT \$8.00 PER PERSON/PER MEAL.

PLACE "X" BESIDE FOR LODGING CHOICE BELOW, INDICATE 1<sup>ST</sup>, 2<sup>ND</sup>, ETC. if you have preference

<b>MOTEL/LODGE</b> _____ rm# _____	<b>CABINS</b> _____ rm# _____
Adult (Age 12 & older) \$45.00	Adult (Age 12 & older) \$32.00
Child (Age 4-11) \$22.50	Child (Age 4-11) \$22.50
Baby (Age 0-3) Free	Baby (Age 0-3) Free
<b>DORMS</b> _____ rm# _____	<b>RV SPACE</b> _____ Site charge: \$30/day
Adult (Age 12 & older) \$28.00	<b>Meals:</b> Adult (Age 12 & older) \$8 ea
Child (Age 4-11) \$14.00	Child (Age 4-11) \$4.00 ea
Baby (Age 0-3) Free	Baby (Age 0-3) Free

NO CREDIT GIVEN FOR MISSED MEALS **RATES** are subject to change as per Church of the Nazarene

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 All adults are needed to volunteer at least one hour with children/youth  
 I will work one hour with \_\_\_\_\_ 0-3 year olds \_\_\_\_\_ 4-5 yr olds \_\_\_\_\_ 1<sup>ST</sup> - 6<sup>TH</sup> Grade  
 \_\_\_\_\_ Jr High \_\_\_\_\_ Sr High Other \_\_\_\_\_  
 =====

NO REFUNDS AFTER JUNE 30<sup>TH</sup>...

YOU WILL BE RESPONSIBLE FOR PAYING ORIGINAL ROOM & BOARD CHARGES IF YOU  
 REDUCE/CANCEL YOUR STAY/MEALS AFTER JUNE 30<sup>TH</sup>