



# A Spiritual Re-Treat

at Camp de Benneville Pines

Tapestry & OCUUC

Friday - Sunday, Oct. 15 - 17, 2010

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ First time at Camp de Benneville? \_\_\_\_\_

**Please read the notes on page 2 before filling in this form.**

Name	Adult/Youth/Child	Adult=A or Child's Age	Special Diet, Allergies, Special Needs? Yes or No*

\* provide more information on reverse

	<b>Early Bird Discount (Subtract \$10 per person through August 29)</b>	
	<b># of Adults age 20+ at \$140 per person</b>	
	<b># of Youth age 13-19 \$110 per person</b>	
	<b># of Children age 4-12 at \$90 per person</b>	
	<b># of Infants Age 0-2 at no cost</b>	
	<b>Craig's Cabin Upgrade: Registration + \$30 per person per room</b>	
	<b>Double bedroom Upgrade: Registration + \$20 per person per room</b>	
	<b>Cabin 6 Upgrade: Registration + \$10 per person per room</b>	
	<b>Scholarship Donation</b>	
	<b>Donation to Camp de Benneville to help solve water crisis</b>	
	<b>TOTAL</b>	
<b>AMOUNT ENCLOSED: _____ \$50 deposit will hold your reservation until 8/29. _____ 50% Deposit required on 8/29 _____ Payment in full due 10/3</b>		
Please pay by check if you can. If you need to pay by credit card, we can accept that, but it will cost the church 3% fees.		
Contact Karen Anderson ( <a href="mailto:AdultPrograms@ocuuc.org">AdultPrograms@ocuuc.org</a> ) to pay by Credit Card.		

**Cabin mate/Rooming preferences:** \_\_\_\_\_

*Please note that cabin assignments are at the Registrar's discretion and are selected to meet the needs of as many people as possible.*

*It is not usually necessary for families to share their room with strangers. If coming to camp alone, you will almost certainly be in a shared room. Rooms are assigned to meet the needs of as many people as possible, and not necessarily on a first-come first-served basis. We sometimes have to shuffle assignments to accommodate elderly or disabled persons and, for this reason, final cabin assignments are not known until camp.*

**Please list all Special Dietary needs / Allergies / Medical Concerns / Physical Limitations**

Name	

**Workshop/Activity Suggestions:**

Do you have any Workshop or Activity ideas to suggest?

Who would be good to run this activity?

When would be a good time on the weekend to offer it?

We will schedule additional activities as possible to complement the activities already planned.

Would you like to carpool? \_\_\_\_\_

**Scholarship Request: I am attaching a Scholarship Request form to this Registration Form.**

**OCUUC Members & Friends:** Please return completed form (with a check **payable to OCUUC**) to the de Benneville Pines table on the patio at church or mail it to OCUUC (with a check **payable to OCUUC**) or email it to Karen Anderson [AdultPrograms@ocucc.org](mailto:AdultPrograms@ocucc.org). All registrations must be paid in full by October 3, 2010.

**Tapestry Members & Friends:** Please return completed form (with a check **payable to Tapestry**) to the de Benneville Pines table on the patio at church or mail it to Tapestry (with a check **payable to Tapestry**) or email it to Keith Tuominen at Tapestry [tuomileny@cox.net](mailto:tuomileny@cox.net) All registrations must be paid in full by October 3, 2010.

## Registration Form - Instruction Sheet

It would be very much appreciated if you take the time to fill out this form **legibly and completely**. This will cut down on the number of follow-up phone calls and e-mails that the registrar will need to make!

1. List each attendee.
2. Enter A, Y or I for **Adult** (age 20+), **Youth** (Age 4-19), or **Infant** (Age 0-2).
3. **Please list all allergies, medical or special needs. Camp de Benneville Pines is somewhat remote, so it is vital that the Camp Nurse is fully informed.**  
If you are Vegetarian or Vegan, indicate it on the front and then explain more fully on the reverse side of the form. (Please see the notes in the camper information packet or FAQs at the Camp de Benneville website (<http://www.debenneville.org/>) about the limitations of what the kitchen can accommodate.)
4. Enter the number of paying adults, youth and infants.
5. Check appropriate box to indicate whether or not you are enclosing full payment with the form. A \$50 check will hold your space until August 29, 2010. Then a 50% deposit is required to hold your space. All registrations **must be paid in full by October 3, 2010**. Checks cannot be accepted at camp.
6. Scholarships: If you would like to request financial assistance, please complete the scholarship request form and attach it to your registration form.
7. Scholarship Donations: The Church budget does not include scholarships for the Retreat Weekend. Please give generously if you are in a position to do so. Thank you.
8. It is not usually necessary for families to share their room with strangers. If coming to camp alone, you will almost certainly be in a shared room. Rooms are assigned to meet the needs of as many people as possible, and not necessarily on a first-come first-served basis. We sometimes have to shuffle assignments to accommodate elderly or disabled persons and, for this reason, final cabin assignments are not known until camp.
9. The Refund Policy is as follows: Full refund on cancellation before **September 29, 2010**. Full payment is due by October 3, 2009. No refund after September 29<sup>th</sup>. Unpaid places will be opened up to those on the waiting list.
10. Questions? Contact  
Keith Tuominen at Tapestry [tuomileny@cox.net](mailto:tuomileny@cox.net) or  
Karen Anderson at OCUUC (949) 733-1622 [AdultPrograms@ocuuc.org](mailto:AdultPrograms@ocuuc.org)

## Camp de Benneville Pines Retreat Scholarship Application

Instructions: Scholarship requests should be turned in with your registration forms, but no later than 2 weeks before the retreat. Only partial scholarships are available at this time, and are based on need. Scholarship recipients are expected to help during the weekend.

Date of Event \_\_\_\_\_

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

How much of the fee can you pay? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

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Scholarship Awarded \_\_\_\_\_ Yes      If yes, how much? \_\_\_\_\_

Comments from Scholarship Committee: \_\_\_\_\_

\_\_\_\_\_  
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