FAMILY WEEK RESERVATION FORM 2024

July 28 - August 3, 2024 (Sunday to Saturday)

Names of Family Members	Age	Sex	Cost (see below)

(Feel free to add more names on back of sheet)   **Total Cost: _____**

Address: _____

_____

Day Phone: _____

Eve Phone: _____

Email: _____

Home Parish/organization: _____

Email will be our primary form of communication unless you request otherwise.

Previous Bethlehem Farm Group Weeks attended?: _____

Registration Steps:

1. **Deposit:** This form must be accompanied with your non-refundable deposit of **$50.00 per person** in your family. An email will be sent to you when your deposit has been received. After Feb. 1st, all spots are available on a 1st-come, 1st-served basis.

2. **Total cost**: The $50.00 per person deposit counts toward the total participation fee, and the remaining fees are due **by May 31, 2024**

   Fees: $400.00 for volunteers 15 and older, **$300 for** ages 5-14, children 4 & under are **free**.

   *If the total cost would keep you from being able to participate, then we are able to cap the cost at **$1,100** for parents and their children under the age of 18 or
   $1,500 for parents and their children under the age of 23.
   *Please make all checks payable to **Bethlehem Farm**.*

3. On the back, please briefly reflect on why you or your family is motivated to spend a week at Bethlehem Farm. Thank you!

I understand I must pay in full for all awarded spots unless I cancel any unneeded spots before **May 31, 2024**.(Bethlehem Farm relies on participation fees to operate).Initial:___

I have reviewed the 2024 Registration Packet and understand the 2024 policies.
(Found online: www.bethlehemfarm.net/registration)
Signature_____ Date _____