



6th ANNUAL FAMILY CAMP with Fr. Larry Join us... July 26-28, 2024

We will be having our 6th Annual Holy Cross Family Camp in the cool pines of Flagstaff, starting Friday afternoon/evening, July 26th - Noon, Sunday, July 28th. Camp is open to families of all ages, with or without children & singles too! Fr. Larry will be present for the entire weekend. It promises to be a beautifully spiritual and fun filled time for all. If you would like to be a part of the core team, or would like more information, please contact our Pastoral Associate, Bridgette Cosentino, at: bcosentino@holycrossmesa.org or 480-981-2021; ext 206.

FEES: (includes 2 nights lodging & 4 meals)

Early Bird Pricing:

Adults 26 & Older: \$55 each

Young Adults, 19 -25: \$50 each

Children & Teens, 10-18: \$45 each

Young Children, 3-9: \$35 each

Infants & Toddlers, 0-2: Free

Late Bird Pricing: Prices increase by \$5 per person after July 3rd

***Extra Early Bird pricing: \$5 discount per person before June 7th.**



FIRST COME, FIRST SERVE! Your registration form with a \$50 non-refundable deposit confirms your space. The balance is due July 12th.

Family Camp Registration Form (Please Print)

English Spanish

Family Name: _____ Cell# _____ Email: _____

Address: _____ City: _____ Zip: _____

Name of those attending (preferred name for Nametag) Please circle "Adult" or note age of child.

_____	Adult (Parent/Responsible Adult)	Fee _____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	Adult or age of child _____	Fee _____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	Adult or age of child _____	Fee _____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	Adult or age of child _____	Fee _____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	Adult or age of child _____	Fee _____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	Adult or age of child _____	Fee _____	<input type="checkbox"/> M <input type="checkbox"/> F

Diet restriction/Vegetarian, etc... _____ Physical Restrictions / Limitations _____

Lodging: Shared Cabin (sleeps 10) _____ We request to share a cabin with the _____ Family

We will Trailer / Tent Camp _____

Place this form in an envelope with your \$50 deposit and return to the Parish Office.

For Office use only: Total # attending: _____ Total Fee: _____

Amt. paid: _____ Check #: _____ Balance due: _____