

Camp Kerr Lake Reservation Form

Name _____ Home Phone _____
Mailing Address _____ Daytime Phone _____
City, State, ZIP _____ Email Address _____
Home Church or Group Name (if applicable) _____
Date of Application _____

Mail to: Camp Kerr Lake, P. O. Box 220, Middleburg, NC 27556 or Call (252) 436-2255 (2CKL)

Please enter my reservation(s) for the following:

1	<input type="checkbox"/> Campsite(s) with Hook-up Number of Sites Required _____ Site(s) Requested (in order of preference) _____ First Night _____ Last Night _____ Number of Campers _____
2	<input type="checkbox"/> Campsite(s) with Hook-up Number of Sites Required _____ Site(s) Requested (in order of preference) _____ First Night _____ Last Night _____ Number of Campers _____
3	<input type="checkbox"/> Campsite(s) with Hook-up Number of Sites Required _____ Site(s) Requested (in order of preference) _____ First Night _____ Last Night _____ Number of Campers _____
4	<input type="checkbox"/> Campsite(s) with Hook-up Number of Sites Required _____ Site(s) Requested (in order of preference) _____ First Night _____ Last Night _____ Number of Campers _____
	<input type="checkbox"/> A-Frame Cabin(s) Number of Cabins Required _____ Cabin Preference _____ First Night _____ Last Night _____ Number of Campers _____

Please remember to include your \$50 deposit for each date and site requested!

******* Balance of Fees To Be Paid in Full Two Weeks Prior to Arrival *******

To be completed by Camp Registrar:

Amount Received _____ Check Number _____ Date _____ Initials _____