ACA Camp Staff Training Day – Hawaii

To register more than 20 participants, please fill out a second registration form.

FAX TO: (213) 232-3229

General Information:

Name of Camp/Org _____ Weekday Telephone ( ) _____

Mailing Address _____
Street City State Zip

Name of Contact Person _____ Email _____

Participant Information:

Participant #1: _____ Participant #2: _____

Participant #3: _____ Participant #4: _____

Participant #5: _____ Participant #6: _____

Participant #7: _____ Participant #8: _____

Participant #9: _____ Participant #10: _____

Participant #11: _____ Participant #12: _____

Participant #13: _____ Participant #14: _____

Participant #15: _____ Participant #16: _____

Participant #17: _____ Participant #18: _____

Participant #19: _____ Participant #20: _____

NO REFUNDS – FINAL PURCHASE

AMOUNT PAID _____ PAYMENT METHOD: ☐ Credit Card ☐ Check# _____ Credit Card Type: MasterCard Visa AMEX

CC Number _____ Exp. Date _____ 3 Digit Code _____ Cardholder Name _____

Card Billing Address _____ City _____State _____ Cardholder Signature_____

Group Rate ($22) - 10 or more participants		**Please send me a receipt:**
ACA Member Individual Rate ($27)		☐ Email receipt to:_____
Non-Member Individual Rate ($32)		
TOTAL:		☐ Pick up receipt at registration desk.