

# 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:

<b>1</b>	<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 _____
<b>2</b>	<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 _____
<b>3</b>	<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 _____
<b>4</b>	<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 \_\_\_\_\_