AMC ECHO LAKE CAMP REGISTRATION APPLICATION

rn st name	Last Name		
Email	AMC Member	#:	
License			
Plate # Add	ess		
	State	Zip _	
Home Phone	Cell Phone		
Please list your preferred week(s			1.1.
Preferred Week # (and dates):	*** 1 "	mmer Scheo	
1 st Choice		Start date	End date
2 nd Choice		06/27/20	
3 rd Choice	1	07/04/20	<u> </u>
	2	07/11/20	+
D () +	3	07/18/20	
Preferred camp site location*:	4	07/25/20	
1 st Choice		08/01/20	
2 nd Choice	6	08/08/20	
3 Choice		08/15/20	08/22/20
* Optional, site map on ELC web site	9	08/22/20	08/29/20
Optional, site map on LLC web site		00/23/20	07/03/20
Help us make camp better:			
	ımp, how did you hear about	it?	

Name*	AMC Me	mber #**	Age***	Email Address****
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3				
4				
5				
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* Use a separate sheet for a	ndditional na	ımes (up t	o 12 in tot	al).
** AMC Member # required	d prior to ca	mp arriva	l in order t	to receive member rate.
*** List age if under 21. **** For the purpose of the	guest list, p	lease incl	ude city / s	state for guests not residing with you
	· · ·			
Are you coordinating/mee	ting with o	ther Echo	Lakers?	If so, who?
Please send the following	g to the ad	dress be	low, base	ed on the mailing date:
		dress be	low, base	ed on the mailing date:
Please send the following 1. Completed registra		dress be	low, base	ed on the mailing date:
	ation form	dress be	low, base	ed on the mailing date:
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1. Completed registra	ation form m			ed on the mailing date:
1. Completed registra 2. Signed release form 3. Registration fee (\$)	ation form n 200 per per	rson / pe		ed on the mailing date:
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2. Signed release form 3. Registration fee (\$	ation form n 200 per per	rson / pe lope Nover Elly Pr 118 Ca	r week) nber - Ma reston amp Creel	ny