

# SANTA CRUZ SUFI CAMP 2019: MAIL-IN REGISTRATION

Print and mail this form with your check payable to "GGSC" to:  
Freesia Raine 10715 Creekwood Drive, Lompico CA 95018

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Please indicate any dietary restrictions:

Roommate request / mobility concerns?

*Please Circle One:*

[Shared Room] [Single Rm] [Tent] [RV] [Commuter]

In order to minimize food waste, please indicate which meals you'll be enjoying with us at camp:

Emergency Contact:

Name: \_\_\_\_\_

Phone(s) \_\_\_\_\_

	Breakfast	Lunch	Dinner
Fri	N/A		
Sat			
Sun			N/A

Su-Fee \$ \_\_\_\_\_

Donation to Scholarship Fund \_\_\_\_\_

TOTAL ENCLOSED: \_\_\_\_\_

[www.santacruzsuficamp.org](http://www.santacruzsuficamp.org)