

**Registration for Winter MGOF – February 23-25, 2018**  
Camp Mak-A-Dream ❖ 727 Camp Mak-A-Dream Road ❖ Gold Creek ❖ 59733

**DUE FEBRUARY 9, 2018**

**We are initiating a pay as you are led funding model. Please join us and give what you can to support a wonder-filled weekend together.**

*We no longer have incentives for early registration, penalties for late registration or scholarships, but we do need to know how many people are coming to plan for enough food.*

It costs about \$5,800 to pull off this miracle or about \$145/per adult.

LAST NAME, First Name (or Family Group Name for Filing)

Main Contact Email Address

Street Address

City/State/Zip code

Phone # (please indicate if it is a home, work or cell #)

Meeting/Worship Group

**Family members and friends registering in this group:**

Adults:	1 <sup>st</sup> time?	Children:	Age:	1 <sup>st</sup> time?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Friday February 23, 2018**

Potluck Dinner

Overnight stay in bunk bed in shared cabin, bring your own bed linens, pillow, towel # \_\_\_\_\_

Overnight stay in 2 person counselor room, bring your own linens, pillow, towel # \_\_\_\_\_

Overnight stay in single room/shared bath, bring your own linens, pillow, towel # \_\_\_\_\_

**Saturday February 24, 2018**

Breakfast on your own

Vegan, soy-free, gluten-free lunch with dairy, soy & gluten sides # \_\_\_\_\_

Vegan, soy-free, gluten-free dinner with dairy, soy and gluten sides # \_\_\_\_\_

Overnight stay in bunk bed in shared cabin, bring your own bed linens, pillow, towel # \_\_\_\_\_

Overnight stay in 2 person counselor room, bring your own linens, pillow, towel # \_\_\_\_\_

Overnight stay in single room/shared bath, bring your own linens, pillow, towel # \_\_\_\_\_

**Sunday February 25, 2018**

Breakfast on your own

Vegan, soy-free, gluten-free lunch with dairy, soy & gluten sides # \_\_\_\_\_

**CHILDREN**

It is important to us to have an accurate count of children and their ages in order to provide meals, appropriate care, programming and support. No child care or children's programming will be provided until 7 pm Friday.

Number/ages of children staying Friday night \_\_\_\_\_ / \_\_\_\_\_ Number/ages of children  
staying Saturday night \_\_\_\_\_ / \_\_\_\_\_ Should we register all these children for all meals?

If not, please tell us which meals you want:

*Your support (any amount is appreciated, none is expected)*

*Note: No checks will be deposited prior to Gathering. Partial refunds may be given for cancellation prior to Feb 9, 2015.*

**Total Amount Enclosed** ..... \$\_\_\_\_\_

**Make check payable to **MGOF**, send or e-mail registration to:**

**Carol Bellin, Registrar  
720 S. 5<sup>th</sup> Street W.  
Missoula, MT 59801**

**[carol.bellin@yahoo.com](mailto:carol.bellin@yahoo.com)**

**Phone 406-542-5223**

***Register by Friday, February 9, 2018***

**Please consider volunteering for: (circle as many categories as you can offer to do, and indicate first choice)**

Children's program

Orientation of 1<sup>st</sup> time attenders

Help with special needs of Friends

Greeting arrivals

Clean up

Lead worship sharing

**Do you have special needs?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_