



TENTATIVE SCHEDULE

FRIDAY, JUNE 21

2:00-4:00 Registration

Alpha

5:00-5:45 Dinner
6:00-7:45 Session 1
8:15 Church Time (optional)
11:30 Back in Rooms

Omega

6:15-7:00 Dinner
8:15-10:00 Session 1
10:30 Church Time (optional)
11:30 Back in Rooms

SATURDAY, JUNE 22

Alpha

7:00-7:45 Breakfast
8:00-9:45 Session 2
11:30-12:30 Lunch
2:00-4:00 Recreation
5:00-5:45 Dinner
6:00-7:45 Session 3
8:15 Church Time (optional)
11:30 Back in Rooms

Omega

8:15-9:30 Breakfast
10:15-12:00 Session 2
12:30-1:30 Lunch
2:00-4:00 Recreation
6:15-7:00 Dinner
8:15-10:00 Session 3
10:30 Church Time (optional)
11:30 Back in Rooms

SUNDAY, JUNE 23

Alpha

7:00-7:45 Breakfast
8:00-9:45 Session 4
11:30-12:30 Lunch
2:00-4:00 Recreation
5:00-5:45 Dinner
6:00-7:45 Session 5
8:15 Church Time (optional)
11:30 Back in Rooms

Omega

8:15-9:30 Breakfast
10:15-12:00 Session 4
12:30-1:30 Lunch
2:00-4:00 Recreation
6:15-7:00 Dinner
8:15-10:00 Session 5
10:30 Church Time (optional)
11:30 Back in Rooms

MONDAY, JUNE 24

7:30 Breakfast
9:30 Check Out



GROUP LIST

Leader: _____

Church: _____

City: _____ State: _____

Males			Females		
Name	Grade	C/S	Name	Grade	C/S
1. _____			1. _____		
2. _____			2. _____		
3. _____			3. _____		
4. _____			4. _____		
5. _____			5. _____		
6. _____			6. _____		
7. _____			7. _____		
8. _____			8. _____		
9. _____			9. _____		
10. _____			10. _____		
11. _____			11. _____		
12. _____			12. _____		
13. _____			13. _____		
14. _____			14. _____		
15. _____			15. _____		
16. _____			16. _____		
17. _____			17. _____		
18. _____			18. _____		
19. _____			19. _____		
20. _____			20. _____		
21. _____			21. _____		
22. _____			22. _____		
23. _____			23. _____		
24. _____			24. _____		
25. _____			25. _____		



STS CAMP

SUMMARY REGISTRATION FORM

I AM REGISTERING FOR: **June 21-24, 2024**

Church: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Church Phone: (____) _____ Fax Number: (____) _____

Pastor's Name: _____ Leader: _____

Leader's Daytime Phone:(____) _____ Leader's Evening Phone:(____) _____

Leader's E-Mail Address: _____

Mail Correspondence to: Leader Church (circle one)

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Venue + Session Choice: _____

Total Number Attending: _____ x \$319 per person=\$_____

Persons not staying at Laguna/Cottages: _____ x \$89 per person=\$_____

Total Enclosed: \$ _____

You may reserve spots at the conference by paying a non-refundable deposit of \$50 per person.

Receive a \$10 per person discount when you are paid in full by March 1, 2024!

FORM OF PAYMENT (please check one):

_____ Check/Money Order for \$_____

_____ Discover _____ VISA _____ American Express _____ MasterCard

Card # _____

Expiration Date _____ CSC# _____

There is a 3% surcharge for all credit card payments.

Billing Address:

Signature on Card

This form is to be signed by the person responsible for the group while attending this camp. I understand that our church will be responsible for the well-being of our group.

Signature

Date