

**Camp Blue Ridge
Pastor/Teacher
Getaway application**

Name: _____ Church/School _____

Address: _____

E-mail: _____ Fax # _____

Hm. Phone: _____ Wk. Phone _____

Approximate time of arrival _____ Approximate Departure Time _____

Please check meals and housing desired. **Meals are only available if we are cooking for a group.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Times
Breakfast								
Lunch								
Supper								
Housing								

CHOICE OF DATES:

Arrival Date

Departure Date

1st _____

2nd _____

3rd _____

SPECIAL REQUESTS:

Please check the activities that you would like to do. Add time and place where applicable.

Campfire (no charge) Yes ___ No ___ Time: _____ Day: _____ Where: _____

TV/VCR/DVD Yes ___ No ___ Time: _____ Day: _____ Where: _____

Camp Store: Yes ___ No ___ Time: _____ Day: _____ Where: _____

Canoes (no charge) Yes ___ No ___ Ping Pong Table Yes ___ No ___

Basketball (no charge) Yes ___ No ___

Signed: _____ Date: _____
Pastor/Teacher

Please return to: Camp Blue Ridge
529 Old Mill Rd.
Montebello, VA 24464