

Name		Number	Attending	
Address		(# of adults	# of children	)
City	State		Zip	
Phone (during business hours)	Email:			
Enclosed is <b>\$200 per family</b> (no cash please)			Money	
Master Card#		Exp. date		
Visa Card#				
Discover Card #				
I authorize a \$200 (Family Camps) deposit to be charged to my credit card above.				
Signature				
Please enroll me in the Family Camp dated				
If space is no longer available on the above date, please enroll my family in the family camp dated				
Make checks payable to	: Hermit Bas	sin		
P O Box 25, 1699 Camino Drive, Westcliffe, CO 8129 We are unable to take depos	· · /		/.hermitbasin.co	т