

Family Camp Out

July 19-21



_____ \$30 per family group

Total amount enclosed: \$_____ Please make check payable to: **Catholic Financial Life**

Mail this form and payment to: **Catholic Financial Life**
Attention: Events
1100 West Wells Street
Milwaukee, WI 53233

Deadline: July 1

Cash payments are not accepted.

Your Name: _____ Phone No.: _____

Address: _____ City, State, Zip: _____

*Email Address: _____

Number of adults _____ Number of children _____

For games, please indicate number of children in each age group:

Boys: 0-4 _____ 5-10 _____ 11-15 _____ 16-18 _____

Girls: 0-4 _____ 5-10 _____ 11-15 _____ 16-18 _____