



2024 CO-OP CAMP REGISTRATION

June 22 - 29

Family Name: _____

STREET

CITY STATE ZIP

() _____
PHONE/DAY PHONE/EVE

EMAIL



Co-op Camp Weekly Fee Schedule

Includes meals and lodging

Check One:	Codes	Accommodations	Adults	Student	Youth	Kids	Kids
			18 & older	w/ID	11-17	5-10	Under 5
<input type="checkbox"/>	CP	Camping	698/648*	500	598/548*	434	n/a
<input type="checkbox"/>	CN	Cabin No Rstrm	803/753*	n/a	703/653*	515	n/a
<input type="checkbox"/>	CW	Cabin w/Rstrm	900/850*	n/a	825/775*	600	n/a
<input type="checkbox"/>	LD	Lodge	850/800*	725	775/725*	550	n/a
<input type="checkbox"/>	DP	Duplex (min. 7)	900/850*	n/a	825/775*	600	n/a

*Rate with Member Discount applied. Members contribute 5 hours for Camp administration and activities.



Per Diem Fees/Day Use Fees

Per Diem rates include meals and lodging. Please select lodging type below. Day Use Fees include conference and activities only and are \$30 a day per person. Please circle days you plan to attend:

22 23 24 25 26 27 28
Sa Su M Tu W Th F

Codes	Accommodations	Adults	Student	Youth	Kids	Kids
		18 & older	w/ID	11-17	5-10	Under 5
<input type="checkbox"/>	PDC Camping	128/118*	98	108/83*	77	n/a
<input type="checkbox"/>	PDL Lodging	159/149*	145	139/129*	95	n/a

*Rate with Member Discount applied. Members contribute 5 hours for Camp administration and activities.



Campership Fund

Co-op Camp brings together a diverse community of people to learn from and share with one another. Please help bring families who might not otherwise be able to afford camp by donating \$5 or more to the Co-op Camp Campership Fund with your registration.

Special Needs:
If anyone in your family has special needs or considerations, please make a note here explaining the situation.

If your family has a preferred unit, or is willing to share accommodations with another family, note it here. We assign rooms on a first-come, first-served basis.

CHECK HERE IF YOU CHOOSE
NOT
TO HAVE YOUR IMAGES POSTED
ON OUR SOCIAL MEDIA

Names appear on camp roster as listed here. We accept no applications for anyone under 18 unless accompanied by an adult sponsor — name and address to be on this form.

Full Name	Date of Birth	Food Needs: Vegetarian, vegan, gluten-free, lactose intolerant, other	Weekly Base Fee (See A)	Day Fees (See B)	Per Diem Fees (See B)	Camp- ership Fund (See C)	Total Fees	Final Camper Cost

MAIL COMPLETED
APPLICATION
WITH CHECK TO:
Co-op Camp
1442-A Walnut

PMB 415
Berkeley, CA 94709

Deposit/payment includes a non-refundable fee of \$50 per person. To reserve your space, to get a work assignment, or if you have any questions, call (510) 595-0873 or email coopcamp1939@gmail.com.

Family Total _____
Deposit Enclosed _____
Balance Due

CHECK HERE IF YOU CHOOSE
TO PAY ONLINE AT
WWW.COOPCAMP.COM