

Go all out at WyldLife camp this summer. Embark on an unforgettable adventure at an amazing place with awesome views. Hang out with your friends, feast on delicious food, participate in exciting activities and have the time of your life.

## WyldLife Camp 2010

**WHAT:** A week at WyldLife Camp! We will have five days of adventure with your friends from Richardson! Spots are limited, you do not want to miss out!

**WHEN:** June 11-15, 2010. Leaving the morning of June 11 and returning the evening of June 15. Travel by chartered bus.

**WHERE:** WyldLife Camp is located outside of Austin, TX (3-4 hours south of Dallas).

**HOW MUCH:** \$500 includes transportation, food, and all activities.

**DEPOSIT:** A **non-refundable** \$150 deposit is needed to reserve your spot. The remaining balance is due by May (we'll send a reminder.)

*Note: If the \$150 deposit or the cost of the trip is a concern, please talk to Jon as other arrangements including payment plans can be made.*

**WHAT NOW:** Just fill out the form below and bring it to WyldLife Club on February 26th along with your \$150 deposit. **If you sign up on February 26th, you will receive a \$50 discount!** We save time and money by getting our spots in early and we want to pass that along to you!

If you cannot make it to club in February, you can send your sign-up any time after February 26th to:

**Richardson Area WyldLife, 15615 Coit Rd., #218, Dallas, TX, 75248**

**OR**

Drop it by the Young Life office (SW corner of Arapaho and Coit, in Spanish Village)

**OR**

Give it to your WyldLife leader.

You can sign up any time starting February 26 at WyldLife Club!

Make checks payable to Young Life.

### QUESTIONS:

Visit our website <http://RichardsonAreaYoungLife.org>

Contact Jon Jordan at (972)774-9014

or email him at [jonrjordan@gmail.com](mailto:jonrjordan@gmail.com)

## Registration Form

Name \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camp Date \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Present Grade \_\_\_\_\_

Name of Parent(s) or Guardian (please print) \_\_\_\_\_

Signature \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_

Deposit Enclosed \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex or disability. If you believe you have been discriminated against because of race, color, national origin, age, sex or disability, write immediately to the Secretary of Agriculture, Washington D.C. 20250.