

The 19th Annual Fall Camp-Out Weekend

Hosted by the Fall Camp-Out Weekend Committee ~~ Benefits the Camp Fund

September 17-20, 2009 (Thurs-Sunday)

At PSADland Camp – Primitive Campground Area
Between LaJose & Westover, PA - Clearfield County - Route 36

Activities- Hiking - Prizes – Kiddie’s Hayrides - Games

Halloween Contests!! Decoration on cabins, RVs and tents, for kids -Costumes & Pumpkins

Donation: \$25.00 per PSAD member/\$35 per non member

\$15.00 per child from 10 to 15 years old ~ Child under 10 years old - Free

The donation includes Saturday’s dinner and door prizes

Continental Breakfast will provide by volunteers

→We will NOT sell refreshment for Saturday lunch, bring your own lunch←

The *deadline* to register is September 4, 2009

No refunds given after September 4, 2009

→After Sept. 4th \$35.00 per PSAD member/\$45.00 per non member ←

Cash only at door

Bring your own camping equipment (Trailers, RVs, and Tents)

Anyone staying overnight, please also submit Overnight Reservation form.

Anyone who is not staying at the camp overnight must register at the registration desk.

For more information contact: Violet Petrick, Registration Chairman

Email: viotomp@comcast.net VP # (814)-846-4810 PSADland’s Web Site: www.pсадland.org

----- Cut along the dotted line -----

Individual/ Family Guest Registration	How many adults? _____ x \$25.00 per PSAD member (by Sept 4th)	\$ _____
	How many adults? _____ x \$35.00 per non member (by Sept 4th)	\$ _____
	How many adults? _____ x \$35.00 per PSAD member (after Sept 4th)	\$ _____
	How many adults? _____ x \$45.00 per non member (after Sept 4th)	\$ _____
	How many children (10 – 15 yrs. old)? _____ x \$15.00 per child	\$ _____
	How many children (under 10 yrs. old)? _____	** Free **
	<i>On a separate sheet ,please list the names if there is more than one family name as well as names and ages of all children (for games and prizes)</i>	
Total Enclosed		\$ _____

Make checks payable to 2009 PSAD Annual Fall Campout & mail to:

Violet Petrick, 714 Friend Lea Road, Ebensburg, PA 15931-5819

Please Print Clearly

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone/TTY/VP #: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

Deadline: September 4, 2009