



# 2007 CONTINGENCY FORM FCC SUMMER CAMP

## HOW TO RESERVE YOUR SPOT AT CAMP

1. Complete this contingency form and return it to FCC.
2. Include a \$100 **NON-REFUNDABLE** contingency fee per squad. This fee is **NOT** applicable
3. A confirmation email will be sent upon receipt of payment.

## HOW TO MAKE YOUR PAYMENT

1. **BY PHONE** Call FCC at **800-825-6953** to pay by credit card.
2. **BY FAX** Fax this contingency form to FCC at 866-376-6484.
3. **BY MAIL** Send this contingency form to FCC/ ATTN: Camps/ 1645 Lakes Pkwy, Suite H/Lawrenceville, GA 30043

## CAMP INFORMATION

Location of Camp \_\_\_\_\_

Camp Dates \_\_\_\_\_

## SQUAD/SCHOOL INFORMATION

School/Squad Name \_\_\_\_\_ Coach's Name \_\_\_\_\_

School/Squad Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

Squad Level (circle one) **Varsity** **JV** **Jr. High** **Elementary** **Jr. All Star** **Sr. All Star**

Is your school a member of the Association of Christian Schools International (ACSI)?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure

## COACH/CONTACT INFORMATION

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

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

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

## APPROXIMATE NUMBER OF ATTENDEES

Resident Campers \_\_\_\_\_ Commuter Campers \_\_\_\_\_

Resident Advisors \_\_\_\_\_ Commuter Advisors \_\_\_\_\_

IF PAYING BY CREDIT CARD...

\_\_\_\_\_ **Visa** \_\_\_\_\_ **Mastercard** Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code (3 digit code on signature line) \_\_\_\_\_

Amount \$100.00

Signature: \_\_\_\_\_