

Registration Application

Camp: _____

Dates of camp: _____

Camper Name: _____

Parent's Name: _____

Address: _____

Phone #: _____

Email: _____

Grade completed at time of camp: _____

Male/Female: _____

Deposit is 1/2 of weekly camp cost

Payment info: make check payable to

Son Set Ministries or

___ Visa ___ Mastercard

Card #: _____

Exp Date: _____

Billing Zip Code: _____

CV2: _____

Signature: _____

Date: _____

Please tear off registration and mail

to The Sonset Refuge.



1380 Lower Field Rd
Ayden, NC 28513

Please mail a completed application and deposit to the address above. A registration package will be mailed to you.

Call 252.746.4766 or
Register Online at
www.thesonsetrefuge.org

