

**FAMILY CAMP GENERAL SCHEDULE**

**TUESDAY** late afternoon:

Families arrive for a Camp Tour.  
 Buffet dinner available. Please note on form or call later to let us know if you will partake.

**WEDNESDAY, THURSDAY, FRIDAY and SATURDAY:**

Reveille. Raise the Colors. Breakfast.  
 Activity Periods (4-6 activity areas open per period; see flyer for possibilities)  
 Lunch  
 Siesta  
 More Activity Periods!  
 Dinner  
 Organized Evening Program, followed by Campfire time and Taps

**SUNDAY:** Reveille, Brunch, and Departure

**Are YOU ready to try  
 a new activity??**

**You will receive a more  
 detailed schedule when  
 you arrive!**



**FUN FOR THE WHOLE FAMILY!**  
 William Lawrence Family Camp offers an expert staff, lots of fun,  
 plenty of relaxation, delicious and healthy food, and best of all —  
 exciting camp activities for adults AND for children.



To reserve your family cabin, please fill out the form on the reverse side and send it with a non-refundable deposit of \$200 to **WILLIAM LAWRENCE CAMP, PO Box 52, 139 Federal Corner Road, Center Tufonboro, NH 03816**  
 Your deposit will be credited to your camp fee. *Camp space is limited, so please register EARLY!*

<p><b>WILLIAM LAWRENCE CAMP</b>  <b>FAMILY CAMP 2010</b></p>		<ul style="list-style-type: none"> <li>• Directions</li> <li>• Packing Advice</li> <li>• Health Insurance Forms are available on our website</li> </ul> <p><a href="http://www.wlcamp.org">www.wlcamp.org</a></p>
<p><b>Tuesday, August 17, approx. 6:00 PM</b>  <b>through Sunday, August 22, noon</b></p>		
<p><b>The Fee Schedule for the Week is:</b>  <b>Adults and children 16 and over: \$300 each</b>  <b>Children under 16: \$200 each</b>  <b>Children under 2: FREE</b></p>	<p>Each family will be assigned a separate cabin, unless we receive a mutual request to share.                  Bathhouses have electricity, cabins do not.                  PLEASE call us if you have any unanswered questions.</p>	

Family Name \_\_\_\_\_ Name of Adult(s) \_\_\_\_\_  
 Children's Names and Ages \_\_\_\_\_  
 \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Special Dietary Needs, Health situations, or other concerns \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Tues buffet? Y N