



ADULT GUEST RECOMMENDATION

This form must accompany the adult guest registration form. Area staff should forward this form to the regional office for a regional director's signature. Regional offices should forward the signed form to the camp office. The camp office will contact guests directly about availability.

NAME OF ADULT GUEST(S)

ADDRESS

CITY STATE ZIP

HOME PHONE CELL PHONE

FAX WORK PHONE

EMAIL ADDRESS

Guest's occupation:

Guest invited by:

What has been the guest's involvement in Young Life?

Have they previously been a guest at a Young Life camp? YES NO

Which camp: Year:

Briefly state why you want this couple or individual to be an adult guest:

Who will pay the adult guest fees? GUEST AREA Area# for Internal Transfer:

Payment for 1/2 of the total adult guest stay is due by check or internal transfer upon registration. Deposits are non-refundable after March 1. Internal transfers come from the area fundraising account.

1st choice dates 2nd choice dates

Young Life Area Name

Young Life Area Number Office Phone Number

Regional Director Signature Date

A regional director must approve all adult guest registrations. An electronic signature is acceptable.