

# CAMP DE BENNEVILLE PINES WEEKEND

**APRIL 10-12, 2026**

REGISTRATION		
Last Name	First	Date
Phone	E-mail Address	
# Adults	# Teens	# Children ages 4-12
# Children under 3?	# Unsupervised children?	Total # in your party?
Names/Ages of kids attending:		

ACCOMMODATIONS		
<p>You may request more luxurious accommodations in <b>Craig's Cabin</b> for an additional \$95 per room, <b>Cabin 6</b> for \$40/rm. There are also a limited number of <b>double beds</b> in standard cabins that may be requested for an additional \$30/rm. These requests will be granted on a first-come-first-served basis unless special accommodations are required to meet the needs of a registered guest or family.</p>		
Craig's Cabin (\$95)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Double Bed (\$30) YES <input type="checkbox"/> NO <input type="checkbox"/>
Cabin 6 (\$40)	YES <input type="checkbox"/> NO <input type="checkbox"/>	Other Special Requests Please describe:
Dietary Restrictions:		
# of Vegetarian:	# of Vegan:	# of Omnivores:

PAYMENT AND SCHOLARSHIP INFORMATION			
Special Accommodations (Double Bed \$30/rm, Cabin 6 \$40/rm or Craig's Cabin \$95/rm):	Qty:	Subtotal:	
Adults (\$205 each)	Qty:	Subtotal:	
Teens (\$100 each)	Qty:	Subtotal:	
Children 2-12 (free)	Qty:	Subtotal:	
Scholarship Donation (optional): Scholarships help ensure everyone in our community can attend Camp deBenneville Pines!		Subtotal:	
		TOTAL DUE:	

Payment Make Checks payable to UUFSD, add in the note: De Benneville Pines Camp. Deliver this registration form and payment to Chris Faller, or drop at the UUFSD office or mail to: UUFSD or 604 Santa Helena, Solana Beach, 92075.

**Register and pay online at:** <https://uufsd.org/connection/community-life/cdpwreg/>

**Pay with Breeze at: UUFSD.org** click on the "b" icon in the upper right corner of the website, click "Give Now", select the drop down menu arrow, select "DeBenneville Registration Fee"

**Camp and/or registration questions?** Email Chris at cfaller5@gmail.com or call/text 858.344.0227

All fees are subject to a \$25 cancellation fee, if cancellation notice is received after 3/1/2026.

*FOR OFFICE USE			
Paid: YES <input type="checkbox"/> NO <input type="checkbox"/> Partial <input type="checkbox"/>		Scholarship Received:	
Payment Information (check/card number):		Total Paid:	
Received by:		Date:	
Amount Due:			