

REGISTRATION FORM - CAMP MICHIGAMME 2009

Camper's Full Name _____ Sex Male Female

Birth Date _____ Grade Entering Fall 2009 _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Camper's E-mail _____

Print Parents'/Guardians' Name/s _____

Address _____ City _____ State _____ Zip _____

Cell Phone (_____) _____ Parent/Guardian E-mail _____

Phone _____ is the cell/home/work number for _____

Phone _____ is the cell/home/work number for _____

Phone _____ is the cell/home/work number for _____

Camp Name and Date _____ Cost of Camp \$ _____ Amount Paid \$ _____

What church, if any, do you attend? _____

Is a church paying for part of this registration fee? Yes No

If yes, Pastor/Contact Signature _____

If yes, list church name and town, and amount to be paid _____

List name(s) of new campers you are registering with for the FREE CAMP SHIRT! _____

You may request one friend as a cabin-mate _____

REQUIRED: Parent/Guardian Signature _____ Date _____

Parent's Name Printed _____

Please mail completed form(s) with payment to:

Camp Michigamme Registrar, HCR 1 Box 1125, Michigamme, MI 49861

This registration form may be copied, or you can print a copy from our website at www.campmichigamme.org or contact the Camp Registrar to request extra copies.