

Youth Registration Form - Camp Michigamme 2018

Mail-in Registration or Register Online www.campmichigamme.org

Camper's Full Name _____ Gender _____

Birth Date _____ Age _____ Grade Entering Fall 2018 _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____

Address (if different than above) _____

Home Phone _____ Cell Phone _____

E-mail _____

OR Please Physically Mail My Packet _____

NOTE: Confirmation Packets will be e-mailed to families unless marked to physically mail packet. A confirmation phone call will be placed when this form is received.

What session(s) are you registering for? _____

Total cost of session(s)? _____ Enclosed payment? (min. \$25 deposit per session) _____

Home Church (name and city) _____

Amount Paid by Camper _____ Amount Requested of District Scholarship* _____

Amount Paid by Church** _____ **Pastor Signature** _____

For Teddy Bear Camp: Please list additional campers:

Name	Phone	Birthdate	Grade	Parent Name

REFER A FRIEND: Invite a friend or two to come to Camp Michigamme. If they register and have never attended Camp Michigamme, you are both eligible for a free t-shirt from canteen! Please list their name(s) here:

Cabin mate request? (limit 1 please) _____ First year at Camp Michigamme? _____

Any food allergies/special dietary restrictions? _____

REQUIRED: Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Please mail completed form(s) with payment to:

Camp Michigamme Registrar
Camp Michigamme
3667 US Hwy 41
Michigamme, MI 49861

Please fill out one form for each camper attending.

This form may be copied, or you can print a copy from our website at www.campmichigamme.org

Contact the Camp Registrar with any questions at registrar@campmichigamme.org or 906.323.6521

***Application for a MQT District Scholarship must be filled out **Pastor Signature required**