

# Fall Youth and Family Retreat Registration Form

## Camp Michigamme 2018

Mail-in Registration or fill this out and send it back to [director@campmichigamme.org](mailto:director@campmichigamme.org)

*Cost of session: \$70 per 7<sup>th</sup>-12<sup>th</sup> grader w/o an adult, space is limited. Family rate: \$100 for families of 3 or less, for families of 4 or more, \$100+\$30 for the 4<sup>th</sup> person and each beyond.*

All kids 3 and under are free. Please note that we are not set up to safely care for infants and toddlers, therefore special consideration should be taken before registering. Feel free to contact us to learn more about our facilities.

Primary Contact Full Name \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date (if under the age of 18) \_\_\_\_\_ Age \_\_\_\_\_ Grade Fall 2018 (youth only) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Home Church (name and city) \_\_\_\_\_

Amount Paid by Family \_\_\_\_\_ Amount Requested of District Scholarship\* \_\_\_\_\_

Amount Paid by Church\*\* \_\_\_\_\_ Pastor Signature \_\_\_\_\_

Please list all campers (families, please list all members attending):

Name	Age	Gender

Cabin mate or fellow family request? (limit 1 please) \_\_\_\_\_

Any food allergies/special dietary restrictions? \_\_\_\_\_

Any mobility or health restrictions we should know about prior for any members of the family or camper? \_\_\_\_\_

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

Or fill out in Word and email to [director@campmichigamme.org](mailto:director@campmichigamme.org) and send a check of at least \$25 along to hold your place

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](http://www.campmichigamme.org)  
 Contact the Camp Registrar with any questions at [registrar@campmichigamme.org](mailto:registrar@campmichigamme.org) or 906.323.6521

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