

BROWN CITY YOUTH CAMP



REGISTRATION FORM

July 29 – August 8, 2010

(Registration begins at 3:00pm on Thursday July 29)

PLEASE PRINT:

Name: (Last) _____ (First) _____

Nickname: (If any) _____ Male _____ Female _____

Birthday ___/___/___ Age _____ Grade Completed _____

Street Address _____

City _____ State/Province _____ Zip Code _____

Home Phone () _____ Parent Wk. Phone () _____

Cell Phone () _____ E-Mail Address _____

School _____ Church _____

RELEASE FORM

My child has permission to participate in all activities at Brown City Youth Camp. In case of necessary routine or emergency medical attention, I authorize such treatment by a qualified nurse, physician or hospital, and release the necessary information to the insurance company.

Parent/Guardian Signature: _____ Date ___/___/___

Family's Insurance Company _____

Policy Number: _____

Alternative guardian(s) allowed to sign out youth: _____

Name of Person Picking Youth Up: _____

Date Youth will be Checked Out: ___/___/___

***ALL YOUTH must be checked out Sunday, August 8th by 1:00 pm.**

The following items are due June 25, 2010:

- A completed & signed Dorm Registration Form (front & back).
- A completed & signed Health History Form with immunization record.
- \$40.00 non-refundable deposit - balance is due upon registration at camp.
- Dorm space is reserved for those who have completed grades 6-12.
- **NO REFUNDS** after registration at camp unless Health Officer sends youth home for a medical reason, or there is a death in the family.

Completed Registration Form, Health History Form, and \$40 non-refundable deposit need to be sent by June 25, 2010 to:

Brown City Youth Camp

Michigan District of the Missionary Church

1091 Creekwood Trail

Burton, MI 48509

810-742-7462

ACCOMODATIONS

Circle the nights you are requesting to stay in the Dorms:

TH	FRI	SAT	SUN	MON	TUES	WED	TH	FRI	SAT
29	30	31	1	2	3	4	5	6	7

Will your parent(s)/guardian(s) be staying on the grounds? Yes No

If yes, give camp address: Lot# _____ Street _____

Name of parent/guardian on the Lot: _____

Circle the nights the parent/guardian plans to stay on the Lot:

TH	FRI	SAT	SUN	MON	TUES	WED	TH	FRI	SAT
29	30	31	1	2	3	4	5	6	7

REGISTRATION FEES

Make checks payable to: Michigan District of the Missionary Church

All fees are pro-rated for daily rates.

Program (\$4 per day; 10 days = \$40) # of days _____ Amount _____

Meals (\$8 per day; 10 days = \$80) # of days _____ Amount _____

Dorms (\$3 per day; 10 days = \$30) # of days _____ Amount _____

(10 day total fee = \$150)

Total Registration _____

Less Non-Refundable Deposit **-\$40.00**

Balance Due _____

NO REFUNDS will be given after registration at camp unless due to an illness and authorized by Camp Health Officer or due to a death in the family.

OFFICE USE ONLY

Student # _____ Student Dorm # _____

Payment Information: Deposit Check # _____ Deposit Amount _____

Balance Due _____

Balance Check # _____ Balance Paid _____

Check In: Date: ___/___/___ Time: _____ am/pm Staff Initial _____

Check Out: Date: ___/___/___ Time: _____ am/pm Staff Initial _____

Parent/Guardian Signature: _____

(for final check out purposes)