

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 _____

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 on the campgrounds:

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

Camp address: Lot# _____ Street _____

Name of parent/guardian on the Lot: _____

Relationship: _____

Signature: _____ Date: _____

REGISTRATION FEES

Make checks payable to: Michigan District 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 _____

(10 day total fee = \$120)

Total Registration _____

Deposit _____

Balance Due _____

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 1:00pm.

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: _____