

MANCELONA YOUTH CAMP REGISTRATION FORM

July 17 – 23, 2011

(Registration begins at 2:00pm on Sunday, July 17th)

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 _____

T-Shirt Size (adult sizes only) S M L XL XXL

School _____ Church _____

RELEASE FORM

My child has permission to participate in all activities at Mancelona 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: _____

***ALL YOUTH must be checked out Saturday, July 23 immediately following the closing rally! Closing rally begins at 2:30 pm.**

The following items are due with your registration:

- A completed & signed Dorm Registration Form.(See the back of this form!)
- A completed & signed Media Release Form.
- A completed & signed Health History Form **with** immunization record.
- \$50.00 non-refundable deposit - balance is due upon registration at camp.
- Dorm space is on a first-come/first-serve basis! Please register early!

Date Received: ___/___/___

Completed Registration Form, Health History Form, Media Release Form and \$50 non-refundable deposit need to be sent by **June 15, 2011** to:

Debbie Kissinger
218 Orchard Street
Alma, MI 48801

(989) 466-2639 home or (989) 763-5766 cell

ACCOMODATIONS

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

SUN	MON	TUES	WED	TH	FRI
17	18	19	20	21	22

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

If yes, give camp address: Lot# _____

Name of parent/guardian on the lot: _____

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

SUN	MON	TUES	WED	TH	FRI
17	18	19	20	21	22

REGISTRATION FEES

Make checks payable to: Mancelona Camp

\$50 deposit is required to hold your space in the dorms

Early Registration (must be postmarked by June 15th) \$165

Regular Registration (postmarked after June 15th) \$190

Daily Rate \$40

Day campers only – Circle which day(s) you are camping:

SUN	MON	TUES	WED	THU	FRI	SAT
17	18	19	20	21	22	23

Total Registration _____

Less Non-Refundable Deposit - _____

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 Team _____ 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)