

2017 REGISTRATION FORM

You may bypass this form and register directly at umcamping.org.

REGISTRATION INSTRUCTIONS:

Please fill out this form completely and legibly. If no email address is given, correspondence will be done by US mail. Please use a separate form for each camper.

MICHIGAN AREA UNITED METHODIST CAMPING

First Name: _____ Last: _____ Male Camper Female Camper

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Email Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Camper Birthdate: ____ / ____ / ____ School Grade: _____ Home Church: _____

(Entering, Fall 2017)

Requested Roommate: _____ (Limit 2)

Signature of Parent or Guardian: _____ Date: _____

PLEASE ENROLL ME FOR: (Please list 1st and 2nd choice)

	Event Name	Date	Location	Event Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

For family events, please provide additional page with each name, age and gender of participant. Please state housing choice, if offered for this event.

PAYMENT & INFORMATION

Check #:		Please Fill In Cost of Camp >>	
Credit Card: Visa, MC, or Discover		FINAL PAYMENTS MUST BE MADE BY MAY 15th	
Card #:		Optional donation to Scholarship Fund >>	
Name:		Amount enclosed (\$75 deposit required) >>	
Expiration:	CCV#:	Balance Due >>	

IMPORTANT INFORMATION

The registration form must be filled out completely and accompanied with the **minimum deposit of \$75** for each camper per event in order to register. All campers must be **paid in full by May 15**. Registrations received **after May 15 must be paid in full to be processed**. Registrations accepted until camp capacity met.

Registration deposit is **NON-REFUNDABLE**. Cancellations up to two weeks prior to camp will be refunded, minus the deposit fee. **NO REFUNDS** will be issued for cancellations made two weeks prior to the camp start date or later. For more information, call 888-217-1905, ext 1226.

MAIL REGISTRATION FORMS TO:

MICHIGAN AREA UNITED METHODIST CAMPING

P.O. Box 6247
Grand Rapids, MI
49516-6247

Make Payable to West Michigan
Conference Treasurer

Write your **Camper's Name and Event Number** (if applicable) on the memo line of the check. **DO NOT SEND CASH!** Staple check to bottom left corner.

By fax: 616-459-0191 | By email:
pstewart@wmcumc.org
If faxing or emailing,
credit card info is required for deposit.

DO NOT WRITE IN THIS SPACE

Event #: _____
Deposit: _____
Check: _____
Paid by: _____