

REGISTRATION FORM

West Michigan Conference United Methodist Camps (PLEASE PRINT)

Parents or Guardians: please fill out and sign - separate Registration Form required for each camp attending.

First Name: _____ Last: _____ Female Male

Camper Email Address: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent Email Address (For Camp Confirmation): _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Whose? _____

Cell Phone: (____) _____ - _____ Whose? _____ Grade Completed in June 2009: _____

Birthdate ____/____/____ Home Church and City: _____

Cabin/Roomate's Name: _____

Has your camper attended UM camps before? Yes No If yes, how many? _____

Signature of Parent or Guardian _____ Date _____

To help us know we are reaching all God's children we request that you check below that which applies to the camper.

Asian American African American Caucasian Hispanic

Native American Bi-racial Parentage Other _____

PLEASE ENROLL ME FOR: (Please list first, second, and third choice)

Camp Number	Camp Name	Date	Location
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

<input type="checkbox"/> Check #:	Cost of Camp	\$
<input type="checkbox"/> Credit Card	Final payments must be paid by May 15th	
Cardholder:	_____	
Card (Circle One): Visa or Mastercard	_____	
Card # - - -	Amount Enclosed (registration fee of \$50 required)	- \$
Expiration Date: / /	Balance Due (balance is due before arrival to camp)	\$

IMPORTANT INFORMATION!

The registration form must be filled out completely and accompanied with the minimum deposit of \$50 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. Call the Camp Registrar's Office at **1.888.217.1905 ext. 326** with any questions!

Note: Camper name, address and telephone number will be released to other campers plus a photograph or video image for promotional purposes will be used unless the dean is instructed otherwise by the parent/guardian.

Fax Registration Forms To:
(616) 459.0191

(Must include Credit Card for deposit.)

Mail Registration Forms To:



PO Box 6247
Grand Rapids, MI
49516-6247

Lake Louise Registrations:

11037 Thumb Lake Rd
Boyne Falls, MI 49713

Fax: (231) 549.2729

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

Make payments to:
West MI Conference Treasurer

DO NOT WRITE IN THIS SPACE

Camp #: _____

Deposit: _____

Check: _____

Paid By: _____