



2019 REGISTRATION FORM

PO Box 229, Arcadia, MI 49613
Website: camp-arcadia.com

Phone: 231-889-4361
E-mail: camp-arcadia@camp-arcadia.com

Please use one form per family at same address.
For teen, men's and women's retreats use a separate form for each registrant.

Parent Name (s) _____

Address _____ STREET _____ CITY _____ ST _____ ZIP _____

Phone Numbers: Home _____ Cell _____

E-mail _____ [FOR CONFIRMATION PURPOSES] Home Church _____ City _____

OFFICE USE
RM# _____
DATE _____

REGISTRANTS LIST ALL REGISTRANTS AS YOU WISH THE NAME TO APPEAR ON NAME TAG, EVEN IF NAMES APPEAR ABOVE.

Name [FIRST, LAST]	Birth Date [MM/DD/YYYY]	Gender M/F	Grade [NEXT YEAR]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RETREAT PREFERENCE

WRITE THE RETREAT CODE BELOW IN ORDER OF PREFERENCE

_____	1 ST	CHOICE
_____	2 ND	CHOICE
_____	3 RD	CHOICE
_____	4 TH	CHOICE

- This is a group reservation. Name of contact person is _____ on _____ on [MM/DD]
- Wish to celebrate birthday/anniversary of _____ on _____ on [MM/DD]
- Wish to dine with or near _____
- This is my/our first time at Camp Arcadia
- Does anyone in your family have dietary restrictions or food allergies _____

- Women's and Men's retreat
 - Thursday night add on _____
- Photo/Media Release: By registering, I grant Camp Arcadia and its agents the right to use, reproduce, assign and/or distribute photographs, films, video tapes and sound recordings of me, for use in materials they may create for the sole purpose of promoting Camp Arcadia

HOUSING AND OTHER PREFERENCES

- Please rank any of the following that are acceptable using 1ST, 2ND, 3RD, etc
- Traditional Inn room
 - Inn room with private bath, 2nd floor (Surcharge Applies)
 - Inn room with universally accessible private bath, 1st floor (Surcharge Applies)
 - Camp-owned cottage (Surcharge Applies)
 - ASPEN CEDAR SPRUCE BIRCH JUNIPER
 - Need 1st floor traditional inn room for health reasons
 - Single person in room (Surcharge Applies)
 - Dorm in assembly building
 - No housing needed [Commuter Rate Applies]
- I'm staying at: _____

- If you are registering for family or Labor Day retreats:
- Teens 15 yrs. and older are to share room with parents
 - Need an 18-month pac-n-play
 - Need a dining room booster chair
 - Need a dining room high chair
- If you are registering for a teen, men's or women's retreat then:
- Roommate choice 1. _____ 2. _____
- I am NOT willing to take a top bunk
For teen week registrants, adult t-shirt size:
S M L XL XXL _____

DEPOSIT

- A. Total number of paying guests _____ B. Minimum deposit per person \$ _____
- C. Total deposit enclosed \$ _____ [A x B]
- Payment method: Check [payable to Camp Arcadia] Discover, VISA or MasterCard CWV _____
- Card number: _____ Exp. [MM/DD] _____ Signature _____

FOR YOUR SECURITY PLEASE DO NOT FAX OR EMAIL THIS FORM.