



2023 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.

OFFICE USE

RM# _____

Date _____

FAMILY RETREATS (FAMILY WEEK, LABOR DAY RETREATS)

Parent Name (s) _____

Address (STREET, CITY, ST, ZIP) _____

Phone Numbers: Home _____

Cell _____

E-mail _____

Home Church _____

City _____

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)

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

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

- This is my/our first time at Camp Arcadia
- This is a group reservation. (Name of Contact Person: _____)
- I/We wish to celebrate the birthday/anniversary of [NAME AND DATE] _____
- I/We wish to dine with or near _____
- Does anyone in your family have dietary restrictions/food allergies? YES NO
If so, which family member? _____
List restrictions/allergies: _____

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

- Traditional Inn Room
 - Inn Room w/ 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 Room for Health Reasons
 - Single Person in Room (Surcharge Applies)
 - No Housing Needed (Commuter Rate Applies)
- I'm staying at: _____

FOR TEENS/YOUNG ADULTS (AGES 15+)

- Assembly Dorm Room (boys)//
Inn Room with Other Women (girls)
(if space allows)
- Inn Room with Parents/Family Members

FOR SMALL CHILDREN/INFANTS...

- Pac-N-Play Needed
- Dining Room Booster Chair Needed
- Dining Room High Chair Needed

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 CVV _____
Card number: _____ Exp. [mm/dd] _____
Signature _____

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

ADULT RETREATS (SUMMER STARTER, LUTHERHOSTEL, MEN'S & WOMEN'S RETREATS)

OFFICE USE

RM# _____

Date _____

Name (s) _____

Address (STREET, CITY, ST, ZIP) _____

Phone Numbers: Home _____

Cell _____

E-mail _____

Home Church _____

City _____

Roommate Choice: 1. _____ 2. _____

I would like to dine with or near: _____

This is my/our first time at Camp Arcadia

I/We wish to celebrate the birthday/anniversary of (NAME AND DATE) _____

I have dietary restrictions/food allergies (List restrictions/allergies): _____

Add-On: I will arrive on Thursday night

(for Arcadia Men's & Women's Retreats ONLY; Surcharge Applies)

RETREAT SELECTION

SUMMER STARTER

LUTHERHOSTEL

LLL MEN'S RETREAT

WOMEN'S RETREAT I

WOMEN'S RETREAT II

ARCADIA MEN'S RETREAT

HOUSING AND OTHER PREFERENCES

Traditional Inn Room

Inn Room w/ 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 Room for Health Reasons

Assembly Dorm Housing *(Larger Rooms with Bunk Beds (Showers are in other building)- not available for Summer Starter, Lutherhostel)*

I am NOT willing to take a top bunk.

No Housing Needed *(Commuter Rate Applies)*

I'm staying at: _____

TEEN RETREATS

Camper Name: _____

Birth Date [MM/DD/YYYY] _____

Gender: _____ Grade (next year): _____

Address _____

Home Church // City _____

Alpha Retreat Omega Retreat

Roommate Choice: _____

Adult T-Shirt Size (circle) S M L XL XXL XXXL

I have dietary restrictions/food allergies (Please list) _____

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____

Phone Numbers: _____

Email: _____

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