



2024 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

Room#: _____

Retreat: _____

FAMILY RETREATS (FAMILY WEEK, LABOR DAY RETREATS)

Adult 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

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 _____
- Would you like us to follow up on any of the following accommodation requests while at Camp?
 - Respite Care Dining Room Accommodations Other
- Does anyone in your family have dietary restrictions/food allergies? YES NO Which family member? _____
 - Gluten Free Vegetarian Nut Allergy Dairy Free Other (Please send me a menu prior to my stay at Camp so I can plan to supplement some meals accordingly.)

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.