



# 2025 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?

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 (Off-Site 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

Room#: \_\_\_\_\_

Retreat: \_\_\_\_\_

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) : \_\_\_\_\_

Would you like us to follow up on any of the following accommodation requests while at Camp?

- Dining Room Accomodations  Other
- Does anyone in your family have dietary restrictions/food allergies? YES NO
- If so, 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.
- 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: \_\_\_\_\_

## PARENT/GUARDIAN CONTACT INFORMATION

Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

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

Does your teen have dietary restrictions/food allergies?  YES  NO

Gluten Free  Vegetarian  Nut Allergy  Dairy Free  Other

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Card number: \_\_\_\_\_ Exp. [mm/dd] \_\_\_\_\_

Signature \_\_\_\_\_

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