CAMP Arcadia ON LAKE MICHIGAN

2027 REGISTRATION FORM

PO Box 229, Arcadia, MI 49613 Phone: 231-889-4361
Website: camp-arcadia.com 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:

Are you an LCA Member? ☐ Yes ☐ No 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 Accomodations ☐ 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 (Surcharge Applies)
☐ Inn Room w/ Private Bath (Surcharge Applies)
☐ Inn Room w/ ADA Private Bath (Surcharge Applies)
☐ Camp-owned Cottage (Surcharge Applies)
☐ Aspen ☐ Spruce ☐ Birch ☐ Cedar ☐ Juniper ☐ Oak Lodge
☐ Single Person in Room (Surcharge Applies)
☐ No Housing Needed (Limited Availability- Off-Site Rate Applies)

If you selected multiple preferences, please list your first choice _____

FOR TEENS/YOUNG ADULTS (AGES 15+)
☐ Assembly Dorm Room (boys only)
☐ Inn Room with Other Teens (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.