

2005 camper registration

circle or underline session(s) desired:

camper name _____ gender _____ age _____

school grade completed by start of camp _____ birthdate _____

number of years at our camps _____ camper's email _____

parent name(s) _____

mailing address _____

_____ zip code _____

phone/fax _____

parent email (for registration acknowledgement/what to bring/additional info from camp, etc.)

Registration for each session of camp requires a **deposit**, due with this completed form.

\$100 for Lookout

\$150 for Crystalaire

\$250 for family camp

By May 1st, an additional \$150 for each session **except family camp, day camp and Mag 7s** is due.

Remaining fees are due the opening day of the camp session. There is no fee adjustment for late arrival or early departure. Registrations are acknowledged by email or postcard.

Cancellations-- prior to April 20: deposit less \$20 administrative fee will be returned

April 20 or later: deposit less \$20 administrative fee will be returned **if we are able to fill the vacancy.**

Deposit enclosed with this registration \$ _____

or please charge \$ _____ to my VISA MasterCard Discover American Express

account number _____

expiration date _____

cardholder signature (**printed name and signature**) _____

Crystalaire:

Session 1

Session 2

Session 3

Sail Camp

Day Camp 1

Day Camp 2

Teen Leadership

Lookout:

Session A

Mag 7s

Session B

Session C

Session D

Session E

Family Camp

other _____

To help us organize cabin groupings and make your child's camp experience as enjoyable as possible, please comment on any of the following: recent changes in your child's life; difficulties in school; past camp experiences; unusual/difficult medical or emotional experiences; your child's ease of making friends; hobbies/activities especially enjoyed; what your child is looking forward to (or not looking forward to) at camp, etc.

It is also helpful for campers to provide a brief statement about themselves. This registration form and both parent and camper statements will be used to organize cabin groups and will be shared with your child's counselor. All comments will be treated confidentially. Feel free to use the space below, the reverse side of this form or attach a separate sheet.

parent signature & date

please return completed form to:

Crystalaire Camp and Camp Lookout, 2768 South Shore Road E., Frankfort, MI 49635
(231) 352-7589 FAX (231) 352-6609 camp_info@crystalairecamp.com crystalairecamp.com