

adult/family camp registration



Use this form for adult, family and adult/child events.
Or skip the paperwork and register online at www.umcamping.org

PRIMARY ADULT:

First Name: _____

Last Name: _____

Male: Female: Birth Date: _____

SECOND ADULT: (if applicable)

First Name: _____

Last Name: _____

Male: Female: Birth Date: _____

PRIMARY ADULT:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail: _____

NAME OF CHILD OR DEPENDENT ADULT: (if applicable)

First: _____

Last: _____

Male: Female: Birth Date: _____ Grade: _____

First: _____

Last: _____

Male: Female: Birth Date: _____ Grade: _____

Name of Church you attend: _____

LOCATION: (Check one)

Camp Kinawind Crystal Springs Judson Collins

Lake Huron Lake Michigan Wesley Woods

Event 1st Choice

Name: _____ Event#: _____

Event 2nd Choice

Name: _____ Event#: _____

HOUSING: (if applicable)

LAKE HURON: Single Double Triple Quad Commuter

JUDSON COLLINS: Lodge Dorm Cabin Campsite

PAYMENT:

Visa MasterCard Discover Card Check# _____

Card #: _____ Exp. Date: ____/____ CVV Code: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Amount You are Paying Today: \$ _____

Make check payable to **MAUMC** and mail to: 2307 West Maple Rapids Rd., St. Johns, MI 48879
Minimum Deposit is **NON-REFUNDABLE**