



Michigan Area United Methodist Camp Winter Blast Registration Form

-please include your check or credit card # with this form-

Registering as an individual:

Cost: \$65.00 per person

Camper Name _____ Gender _____ Grade _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Work Phone _____ Cell _____

Email: _____ Name of church if applicable: _____

Registering as a church: (list below each individual attending)

Church Group _____ Person responsible _____

Address _____ City _____ Zip _____

Email _____ Cell # _____ Other # _____

GROUPS ONLY: Staying an extra night for \$10.00 per person? Yes No If yes, how many in your group will be staying? _____

Camper Name	Address	Email	Grade	Gender
1 Chaperone per 5 campers				
Chaperone's Name	Address	Email		

Type Charge Card: _____ Name on the card: _____

CC#'s: _____ Billing address for the card: _____

Expiration date: _____ If mailing check: MAUMC, P.O. Box 134, St. Johns, MI 48879

Payment total: _____ (include the 65 per person; and if you are a group staying 2nd night \$10 additional per person)

IMPORTANT: Make sure you complete the "health form" and mail back with the registration form. It includes the parent signature and we must have that to allow you to participate. If you have any questions feel free to contact the camp registrar at registrar@umcamping.org or 989-534-6587.