

# 2012 SUMMER CAMP REGISTRATION

**ONE CAMPER PER FORM**



Session 1 - July 1 – July 14

Session 2 - July 15 –21

Session 3 - July 22 –Aug 4

Camper's First Name: \_\_\_\_\_

Camper's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in July 2012 \_\_\_\_\_

Grade in Fall 2012: \_\_\_\_\_

Gender: \_\_\_\_\_

Returning campers, years attended: \_\_\_\_\_

New camper, how did you find out about this camp?  
\_\_\_\_\_

Session(s)    1        2        3

Parent name(s): \_\_\_\_\_ Parent name: \_\_\_\_\_

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

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_ City,State,Zip: \_\_\_\_\_



Deposit: (min \$200/session) \$ \_\_\_\_\_

Campership Donation \$ \_\_\_\_\_

Membership Payment \$ \_\_\_\_\_

**Total Paid Today \$** \_\_\_\_\_

Check enclosed \$ \_\_\_\_\_

Credit card payment \$ \_\_\_\_\_

Exp Date \_\_\_\_\_

Card Number \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Send this form and payment to:

Circle Pines Center

8650 Mullen Road

Delton, MI 49046

Send additional information:

Campership Application \_\_\_\_\_

Membership Application \_\_\_\_\_

**Deposit Not Refundable**

50% of Total Fees Due by  
May 15th, 2012

Remainder of fees due prior to  
or upon arrival.

Annual membership fee must be  
paid to qualify for discount.

Camp fees not refundable  
after session begins.