

2019 Family Camp, Young Families Retreat, Independence Retreat Crystal Conference Center - Christian Church (Disciples of Christ) Michigan Region

(Please print clearly)

>>>> Register before April 15, 2019 to avoid a LATE FEE<<<<<

Family of God Camp (July 14-20) Independence Retreat (July 7-12)
 Young Families Retreat (July 12-14)

Family/Individual Name

Address

City

State

Zip

Home Phone

Work Phone

Other Phone

Email

Home Church

City or Town

Pastor's Name

Church Phone

Family Members Attending (Please indicate grade if under 18 and attach additional page if needed):

Name	Grade (Fall 2019)	Gender	Age	Name	Grade (Fall 2019)	Gender	Age
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

GENERAL RELEASE: On behalf of myself, my minor children, or heirs, successors and personal representatives, I hereby release Crystal Conference Center, the Christian Church (DOC) Michigan Region and their representatives, of any and all liability in the circumstance of any accident or injury to myself and or my children during our participation in this camp, whether such injury occurs through the ordinary negligence of the camp personnel, myself or other camp participants. The leaders of the camp have my permission to seek and obtain medical care for my child as needed.

Signature of parent/guardian of family (required) _____ **Date:** _____
 Failure to return this signed form will result in denied admission to camp.

PHOTO/IMAGE RELEASE WAIVER

I understand that when participating in Crystal Conference Center activities, family members may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for either the Christian Church (Disciples of Christ) Michigan Region, or the General Church. I acknowledge that the images will be the sole property of either the Christian Church (Disciples of Christ) Michigan Region or the General Unit of the Disciples of Christ.

Name printed _____ **Signature** _____ **Date** _____

TOTAL UP THE FEES FOR CAMP HERE:

For Family Camps **T-Shirt sizes**

Number of children under 3 years old _____ (no charge) _____

Number of 4 year old and older _____ X \$360 = \$ _____

Late Fee (after April 15) \$50.00/family = \$ _____

If staying offsite calculate registration fee \$270 or \$45 per person/per day

Scholarship check enclosed (church/other) = \$ (_____)

Church scholarship checks must accompany this form

TOTAL FEES FOR CAMP (check enclosed) \$ _____

For Independence Retreat **T-Shirt sizes**

Number attending _____ X \$60 X _____ overnight = \$ _____

Add late fee of \$25 after April 15th = \$ _____

Scholarship check enclosed (church/other) = \$ (_____)

Church scholarship checks must accompany this form

TOTAL FEES FOR CAMP (check enclosed) \$ _____

Days attending – S M T W T F (Please circle days)

For Young Families Retreat **T-Shirt sizes**

Number attending X \$140 = \$ _____

Add late fee of \$25 after April 15th = \$ _____

Scholarship check enclosed (church/other) = \$ (_____)

Church scholarship checks must accompany this form

TOTAL FEES FOR CAMP (check enclosed) \$ _____

Make check(s) payable to
**Christian Church (Disciples of Christ) Michigan
 Region or CCMR**

You are responsible for getting assistance from your
 congregation.

And send this completed form with payment to:
CCMR

**2820 Covington Court
 Lansing, Michigan 48912**

Phone: 517/372-3220 Fax: 517/372-2705

E-mail: ccmr@michigandisciples.org

Web: www.campcrystal.org

To help us serve you better:

1. Please use the back of this registration to inform us of any concerns about coming to camp & how we may help alleviate them.
2. Any health concerns conditions or problems which may affect camp participation?
3. Any dietary needs that require attention? (this is necessary as food is ordered weeks in advance)