

Registration Form for Year 2009
NORTHERN MICHIGAN CAMP MEETING ASSOCIATION
Charlevoix Church of God Family Camp
13603 Veenstra Road, Charlevoix, MI 49720
Phone 231 547-9508

Date _____

Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Cell Phone _____ Email address _____

No. of people _____ No. of nights _____ Cabin/Dorm/Lot No. _____

RV size No. of slides _____

Currently on mailing list _____ If no, would you like to be? _____

CAMPER'S AGREEMENT

By signing below, I acknowledge and accept the risks of physical injury associated with any activity on the campgrounds. The participant accepts personal financial responsibility for any body or personal injury sustained during any activity and promises to hold harmless the Northern Michigan Camp Meeting Association and its representatives for any injury related to any activity on the property.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve this matter through a mutually acceptable arbitration process.

Camper's Signature _____

CAMPER'S INFORMATION

Names of campers: _____

In case of emergency, call or contact:

Name _____

Phone: Day _____ Night _____

Are campers covered by personal/family medical insurance? Yes _____ No _____

Name of Insurer _____