

NEW GROUP

Camp Chickagami 2008 Group Use Application

Name _____ Affiliated Church/Diocese _____
Contact Person _____ Phone _____
Address _____ City _____ State _____ Zip _____

Buildings — Please mark those requested

- | | | | |
|----------------------------------------------------------------------|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Entire camp (requires minimum of 50 people) | <input type="checkbox"/> Mary | <input type="checkbox"/> Rebekah | <input type="checkbox"/> Matthew |
| <input type="checkbox"/> Fletcher Hall | <input type="checkbox"/> Kauffman | <input type="checkbox"/> Martha | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Esau | <input type="checkbox"/> Johnson | <input type="checkbox"/> Naomi | <input type="checkbox"/> Luke |
| <input type="checkbox"/> Huron | <input type="checkbox"/> Bell Bay | <input type="checkbox"/> Sarah | <input type="checkbox"/> Adam |
| <input type="checkbox"/> Grand Lake | <input type="checkbox"/> Lighthouse | <input type="checkbox"/> Ruth | <input type="checkbox"/> Eve |

Planned Attendance — Please fill out when applying

Number of persons: 13 + _____ 12 and younger _____ Type and number of animals _____

Arrival Date _____ Time _____ After 2:00 pm
Departure Date _____ Time _____ Must be out by 12:00 noon

We hereby expressly waive on behalf of ourselves, our families, our heirs, and legal representatives, all claims for liability against Camp Chickagami, the Diocese of Eastern Michigan, and the Northern Convocation and any staff members or representatives of these institutions arising out of our use of Camp Chickagami and its facilities. Further, in the event of injury or illness we hereby give permission and consent to authorize such institute and/or hospital care or treatment as deemed appropriate by such staff members or representatives for ourselves.

Signed (Person in charge) _____ Date _____

Make checks payable to:

Camp Chickagami

Send payments to:

**Nancy Case, Registrar
5042 Glendurgan Ct
Holt MI 48842**

Contact info:

cncase@comcast.net
888-440-2267 toll-free or
517-699-0846

For Registrar's Use		Final attendance:
_____ Adults @ \$14.00 = _____		13+
_____ Children @ \$7.00 = _____		
Fletcher Hall @ \$70.00 = _____		
Subtotal: _____		<input type="text"/>
x Number of nights: _____		12 and younger
Total due: _____		
Deposit rec'd: _____	1st Payment rec'd: _____	
Sec. dep. rec'd: _____	2nd Payment rec'd: _____	<input type="text"/>