

GROUP \_\_\_\_\_

# Camp Chickagami 2010 Group Use Application

Name \_\_\_\_\_ Affiliated Church/Diocese \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
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 517-285-8980

<b>For Registrar's Use</b>	
_____ Adults @ \$15.00 =	_____
_____ Children @ \$8.00 =	_____
Fletcher Hall @ \$80.00 =	_____
Subtotal:	_____
x Number of nights:	_____
<b>Total due:</b>	_____
Deposit rec'd: _____	1st Payment rec'd: _____
Sec. dep. rec'd: _____	2nd Payment rec'd: _____