

INDIVIDUAL

Camp Chickagami 2010 Individual Use Application

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

Buildings — Please mark cabins requested and indicate how many adults and children (under 13) will be in each:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Esau A__ C__ | <input type="checkbox"/> Bell Bay A__ C__ | <input type="checkbox"/> Sarah A__ C__ | <input type="checkbox"/> Matthew A__ C__ |
| <input type="checkbox"/> Huron A__ C__ | <input type="checkbox"/> Lighthouse A__ C__ | <input type="checkbox"/> Ruth A__ C__ | <input type="checkbox"/> Mark A__ C__ |
| <input type="checkbox"/> Grand Lake A__ C__ | <input type="checkbox"/> Mary A__ C__ | <input type="checkbox"/> Rebekah A__ C__ | <input type="checkbox"/> Luke A__ C__ |
| <input type="checkbox"/> Kauffman A__ C__ | <input type="checkbox"/> Martha A__ C__ | <input type="checkbox"/> RV/Tent Site A__ C__ | <input type="checkbox"/> Adam A__ C__ |
| <input type="checkbox"/> Johnson A__ C__ | <input type="checkbox"/> Naomi A__ C__ | <input type="checkbox"/> RV/Tent Site A__ C__ | <input type="checkbox"/> Eve A__ C__ |
| | | <input type="checkbox"/> RV/Tent Site A__ C__ | |

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. Our personal medical insurance will cover any and all treatment necessary.

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

For Registrar's Use	
_____ Adults @ \$15.00 = _____	
_____ Children @ \$8.00 = _____	
Minimum cabin @ _____ = _____	
Subtotal: _____	
x Number of nights: _____	
Total due: _____	
Deposit rec'd: _____	1st Payment rec'd: _____
Sec. dep. rec'd: _____	2nd Payment rec'd: _____