



# Registration

**Mail, fax, or email completed form to:**

Camp Friedenswald  
15406 Watercress Way  
Cassopolis MI 49031-9532

Fax: (269) 476-9745

Email: [camp@friedenswald.org](mailto:camp@friedenswald.org)

## 1. Select Your Camp

- |                          |  |                                   |
|--------------------------|--|-----------------------------------|
| <input type="checkbox"/> | <b>Women's Retreat</b> September 25-27                   | \$150*                            |
| <input type="checkbox"/> | <b>Men's Retreat</b> October 16-18                       | \$150*                            |
| <input type="checkbox"/> | <b>Scrapbook Retreat</b> October 16-18                   | \$130*                            |
| <input type="checkbox"/> | <b>Art Retreat</b> November 6-8                          | \$150*                            |
| <input type="checkbox"/> | <i>I am 25 or under and would like the 100% discount</i> | <i>*without camp lodging \$75</i> |
- Full payment is due on arrival.*

## 2. Enter Your Information

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Has anyone in you family ever attended a Camp Friedenswald retreat?  Yes  No

I would like the Medical & Release Form\*  mailed  emailed

*\*All campers must have these forms completed when they arrive.*

**Questions?** Email [camp@friedenswald.org](mailto:camp@friedenswald.org) or call (269) 476-9744