



# Registration

Mail, fax, or email completed form to:

Camp Friedenswald  
15406 Watercress Way  
Cassopolis MI 49031-9532

Fax: (269) 476-9745

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

## 1. Select Your Camp

- |                          |  |       |  |
|--------------------------|--|-------|--|
| <input type="checkbox"/> | <b>High School Camp (grades 9-12),</b>       | \$300 |  |
| <input type="checkbox"/> | <b>Primary Camp (grades 1-2),</b>            | \$200 |  |
| <input type="checkbox"/> | <b>Junior High School Camp (grades 7-8),</b> | \$300 | <i>Full payment is due on arrival.</i> |
| <input type="checkbox"/> | <b>Pre-Junior Camp (grades 3-4),</b>         | \$300 |  |
| <input type="checkbox"/> | <b>Junior Camp (grades 5-6),</b>             | \$300 |  |

## 2. Enter Camper Information

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

Sex: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (completed 2016): \_\_\_\_\_

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

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

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

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

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

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

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

**Transportation Info** Who will be dropping off your camper? \_\_\_\_\_

Who will be picking up your camper? \_\_\_\_\_

Will your camper be arriving/leaving at any time other than the scheduled times? Yes  No

*If yes, please explain:* \_\_\_\_\_

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

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

Need-based scholarships are available to all summer campers. To apply call (269) 476-9744.

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