

1. Select Your Camp

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

Managada Batus at		#1 CO	
□ Women's Retreat		\$160	
Men's Retreat		\$160	Full payment is due on arrival.
Art Retreat		\$140	
Crafting Retreat or Quilting Retreat	t	\$140	
2. Enter Camper Information			
Camper First Name: Camper Last Name:			
Sex: Birthdate (MM/DD/YY):/	_/	Phone:	
Email:		_	
Street Address:			
City/State/Zip:			_
Has anyone in you family ever attended a Camp F	riedenswal	d retreat? Yes □	— No □
Do you have any Dietary Restrictions? : No □	Yes □	If yes: please li	st below:
Is there someone you would like to request to sha	ire a room	with?	
Is there a type of lodging that you would prefer?	Lodge	Cabin	
I require the use of a bottom bunk.	Yes	No	
I require the use of a golf cart for assistance .	Yes	No	

Need-based scholarships are available. To apply call (269) 476-9744.



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