

[2016]

Please select your first choice

(you may indicate your second choice in case your first choice is full):

Memorial Day Weekend • May 27-30 Labor Day Weekend • September 2-5

Contact Person

Name Address ____ ______ State ______ Zip ______ City _ Phone (Day) ______ Email _____

Additional adults (please indicate their relationship to you):

Name	Relationship to Contact Person
Name	Relationship to Contact Person
Name	Relationship to Contact Person

Children

Boys Nam

es	Birth date
1. F. S. S.	

Girls		
Names		Birth date
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Housing Options (please indicate 2nd choice, if desired):

Cabin or Lodge (family of four or more people)

CAMP

- **Room** (family of fewer than four people)
- **RV Park** (lots assigned indicate preference below)
 - Near a family or group (name): _____
 - Special needs: _____

RV Park Info

- □ Trailer (length _ Motor Home (length _____
- 5th Wheel (length)

Additional Info

For our statistics, what church do you attend, if any?

Deposit of \$100 enclosed (checks made payable to "Camp Barakel"). Deposit is refundable if you cancel two weeks before the event.

Pop-up Camper

Pick-up Camper

Tent

Mail this registration form to: **Camp Barakel Family Camps**

PO Box 159 Fairview, MI 48621-0159

These weekends fill on a first-come, first-served basis. If you do get in, you will receive word from us asking for additional information concerning your meals and your arrival and departure plans. If you don't get in, we will contact you and return your deposit. Return this form as soon as you can!