

We desire to attend the weekend of: (please mark your 1st and 2nd choice by putting a "1" and "2" in the boxes)

1 🗌 Jan. 6-8 , combined grades 6-12	❷ ☐ Jan. 13-15, combined grades 6-12	❸	nbined grades 6-12
3 🗌 Jan. 27-29, combined grades 6-12	G ☐ Feb. 3-5 Jr. Hi, grades 6-9 ☐ Feb. 3-5 Sr. Hi, grades 9-12	❻	
Feb. 17-19, combined grades 6-12	③□ Feb. 24-26, combined, grades 6-12 □ Feb. 24-26, Sr. Hi, grades 9-12	④ ☐ March 3-5, con	nbined grades 6-12
Name of Group:		Church Phone: ()	
Address:	City:	State:	Zip:
Your Name:		Your Phone: ()	
Address:	City:	State:	Zip:
Approximate arrival hour (no earlier than	7 PM): Email:		
Mobile phone on Friday (travel day): ()		
If we have room, you ma Your final count must be er	tration fees are not refundable and not transfe y register more at a later date by mailing us the a mailed or phoned in to the Barakel office one we for the retreat is \$95 per person (whether studen	additional registration fee. ek prior to your retreat dat	e.
Combined, grades 6-12 retreats:	Jr Hi, grades 6-9, February 3-5	Sr Hi, grades 9-12, Feb	oruary 3-5; Feb. 24-26
# of males:	# of males:	# of males:	leaders
# of females:	# of females: leaders	# of females:	
Total number of students & leaders:	X \$40 each = \$ registrati	on fee. 🗌 check ei	nclosed
Signed:	Your Office or Title:		
	AYMENT TO: <i>Teen Retreats; Camp Barakel;</i> Be sure to keep a copy for your records. e: 989-848-2279 Email: Registrar@CampBa		MI 48621-0159

www.CampBarakel.org