

Please select your first choice (you may indicate your second choice in case your first choice is full):  ☐ Memorial Day Weekend • May 24-27 ☐ Labor Day Weekend • Aug. 30-Sept. 2				Housing Options (please indicate 2nd choice, if desired):  Cabin, Lodge, or Room  RV Park (lots assigned)  RV or Trailer (length)
Contact Perso	n			☐ Tent, Pop-up, or Pick-up Camper
Name				Additional Info
Address				If applicable, which family or group would you like to be housed near?
City State Zip				
Phone (Day)	(Evening)	Email	·	Special needs:
Additional adults (please indicate their relationship to you):				For our statistics, what church do you attend, if any?
Name		Relationship to		
Name		Relationship to	Contact Person	Deposit of \$100 enclosed (checks made payable to "Camp Barakel"). Deposit is refundable if you cancel two weeks before the event.
Name		Relationship to	Contact Person	
Children				Mail this registration form to:  Camp Barakel Family Camps
Boys		Girls		PO Box 159
Names	Birth date	Names	Birth date	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'll let you know and offer you a spot on the waiting list.