

Camper Registration

Camper name _____ male female (please circle) birthdate _____

by start of camp: age _____ school grade completed _____ number of years at our camps _____

camper email _____

parent name(s) _____

mailing address _____

zipcode _____

phone/fax _____

parent email (for registration acknowledgement/what to bring/additional info from camp, etc.) _____

Session(s) selected _____

(for example-- Lookout, Session A)

Deposit enclosed _____

Registration for each session of camp requires a **deposit**-- \$150 per session is due with this completed form.

or please charge \$ _____

to my VISA MasterCard Discover American Express

account number _____ expiration date _____

cardholder name (**printed and signature**) _____

Cancellations-- prior to April 20: deposit less \$30 administrative fee will be returned. April 20 or later: deposit less \$30 administrative fee will be returned *if we are able to fill the vacancy*

Other helpful information to camp

To help us organize cabin groupings and make your child's camp experience as enjoyable as possible, please attach a brief note commenting on any of the following: recent changes in your child's life; difficulties in school; past camp experiences; unusual/difficult medical or emotional experiences; your child's ease of making friends; hobbies/activities especially enjoyed; what your child is looking forward to (or not looking forward to) at camp, etc.

It is also helpful for campers to provide a brief statement about themselves. This registration form and both parent and camper statements will be used to organize cabin groups and will be shared with your child's counselor. All comments will be treated confidentially.

And finally, to help us with our promotion, please let us know how you first found out about our camps. Thanks.
please return completed form to:

Camp Lookout
P.O. Box 1129 Frankfort, MI 49635
(231)352-7589
camp_info@crystalairecamp.com
www.lookoutsummer.com