

Lake Ellen Camp
2010 Registration Form

Event Attending: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Church: _____

Room with: _____

Lodging Preference: Neenah Cabin Retreat Center Dorm/Cabin

Form of Payment: Check/Money Order Visa Master Card Discover

Amount: _____ Name on Card: _____

Credit Card #: _____

Card Holder's Signature: _____

Expiration Date: _____ V-Code _____

To register:

Send this complete form with a \$25 non-refundable deposit to:

Lake Ellen Camp
212 Baptist Camp Rd
Crystal Falls MI 49920

Or

Fax to 906-542-7111

Or

Call us and register with your credit card.

906-542-3529