

**Lake Ellen Camp
Chill Out Winter Retreat 2010
REGISTRATION FORM**

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____
Emergency Phone: (____) _____
Email: _____
Church: _____
Male Female DOB ____ Grade ____
Room with: _____

Cross Country Ski Rental - \$5
Trail Ride \$12

Form of payment:
Check/Moneyorder Visa MasterCard
Discover
Amount: _____
Credit Card # _____
Name on Card _____
Card Holders Signature _____
Expiration Date _____

To register:
Send this completed form with a \$25 non-
refundable deposit (and ski fees) to:
Lake Ellen Camp
212 Baptist Camp Rd
Crystal Falls, MI 49920
Or
fax to 906-542-7111
faxed registrations must be paid with a
credit card

HEATH FORM
A completed health history is required
before entering camp.

Camper Name _____
Parent/Guardian Names _____
Family Doctor _____
Doctor's Phone (____) _____
Insurance Company _____
Policy Number _____

Immunizations

Diphtheria Whooping Cough Polio
 MMR Tetanus
Other: _____
Date of last Tetanus Booster _____
Does your child have allergies _____

Precautions to be observed _____

Behavioral considerations to be observed _____

Medications

Prescription _____

Non-Prescription _____

Parent's/Guardian's Signature

XX _____
This signature authorizes all
hospital/medical treatment when deemed
necessary for the welfare of the camper.