

2024 MYSTIC LAKE YMCA CAMP

REGISTRATION FORM

REGISTER ONLINE • BY PHONE • FAX • IN PERSON • MAIL

Online: www.mysticlakecamp.org • Phone: 517.827.9650 Fax: 989.544.2722

Mail: Mystic Lake YMCA Camp, P.O. Box 100, Lake, MI 48632

PARENT'S INFORMATION

Parent's First Name		Parent's Last Name	
Parent's Email Address			
Street Address		Phone Number	
City	State	Zip	
Place of Employment/Occupation			
2nd Parent/Guardian First Name		Last Name	
2nd Parent/Guardian Email Address			
Street Address		Phone Number	
City	State	Zip	
Place of Employment/Occupation			

CAMPER'S INFORMATION

Camper's First Name		Middle	Last Name
Camper's Home Phone		Date of Birth/ Age at Camp	Gender
Street Address		Phone Number	
My child attended Mystic Lake Camp in the past, <input type="checkbox"/> no <input type="checkbox"/> if yes, what year _____		Grade Child is Entering this Fall	
Cabin Mate Request (must be same program and age, one request per camper)			
How did you learn about Mystic Lake YMCA Camp?			
<input type="checkbox"/> Internet <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Radio/TV <input type="checkbox"/> Brochure in mail <input type="checkbox"/> Brochure from _____ <input type="checkbox"/> Other _____			

EMERGENCY CONTACT INFORMATION

Emergency Contact Name & Relationship to Camper (other than parents)	
Emergency Day Phone	Emergency Evening Phone

CHOOSE YOUR CAMP PROGRAM

Program	Week(s)	Camp Fee
Program	Week(s)	Camp Fee

SELECT YOUR OPTIONS

<input type="checkbox"/> Please accept our donation to the scholarship fund		\$
<input type="checkbox"/> Round-Trip Bus Ride	\$60	\$
<input type="checkbox"/> Bus Ride Only to Camp	\$30	\$
<input type="checkbox"/> Bus Ride Only from Camp	\$30	\$
Grand Total of all Camp Fees & Options		\$

PAYMENT OPTIONS

<input type="checkbox"/> Pay full amount now via check or credit card	<input type="checkbox"/> Payment plan available, call to inquire 517.827.9650
<input type="checkbox"/> Pay the \$100 non-refundable registration fee. (50% balance due by May 15, full balance due by June 15)	

METHOD OF PAYMENT

<input type="checkbox"/> Check <input type="checkbox"/> Check No.		
<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Name on Card	Card No.	CVV#:
I hereby authorize the YMCA of Metropolitan Lansing to charge my credit card for the current balance due Initial: _____		
Signature	Exp.	