

FAMILY CAMP 2009

July 11-19

Bethel Park
Bridgman, Michigan

Please keep this page for
your information.

RESERVATION POLICY

- Registration begins: 9:00 A.M. E.S.T. February 10,
- Phone reservation will be honored for 7 days.
- \$50.00 deposit will validate reservation.
- Deposits payable to: **Bethel Park Retreat Center**
- 10% room discount applies when reservation is
“Paid in Full” by: March 6, 2009.
- Deposit refund deadline: June 31, 2009.
- Minors attending without parents must submit
signed Form. (Provide info on backside of Form)

LODGING POLICY

- All campers are required to check-in.
- All campers are required to sign, “Registration Log”
before occupying room.
- All campers must provide Emergency Contact Info.
(Provide info on backside of Form.)

**For emergency purposes, Bethel Park Management
is required to know who is on camp, in what build-
ing, and in which room our guests are staying.**

RETURN FORM + DEPOSIT TO:

Bethel Park Retreat Center
P.O. Box 480
Bridgman, MI 49106



FAMILY CAMP 2009
REGISTRATION

GUEST INFORMATION

Name: _____

Address: _____

City: _____ State: _____

Zip _____

Arrival Date: _____ Departure
Date: _____

Number of occupants: _____ adults, _____ children

Phone (_____) _____

PAYMENT OPTIONS

- **Credit Card:** Visa or Master Charge (circle one)

Name on Card: _____

Expiration Date: _____ Authorized Amt: \$ _____

Memo: _____

- Check #: _____ Payable to: **Bethel Park Retreat Center**

BETHEL PARK RETREAT CENTER CONTACT INFORMATION

Phone: 269-465-6669, Fax: 465-4705

Email: staff@bpcamp.com

Website: www.bpcamp.com

	<input checked="" type="checkbox"/> ACCOMODATIONS	DAY	CAMP	OC- CUP.
<input type="checkbox"/>	Chalet #1, #4 & #5	15.00	90.00	2
<input type="checkbox"/>	Chalet #2	18.00	120.00	4
<input type="checkbox"/>	Chalet #3 & #6	16.00	100.00	3
<input type="checkbox"/>	Keller Motel #8	14.00	105.00	4
<input type="checkbox"/>	Shady Nook #10	35.00	225.00	8
<input type="checkbox"/>	Elim Motel #12 - #23	17.00	125.00	4
<input type="checkbox"/>	Sp. Dorm #1, 5, 8, & 12	33.00	220.00	5
<input type="checkbox"/>	Sp. Dorm # 3, 9, 10, 11 & 13	31.00	210.00	4
<input type="checkbox"/>	Sp. Dorm #2, #4, #6, & #7	30.00	200.00	2
<input type="checkbox"/>	E.T. Motel #28 & #35	38.00	245.00	4—6
<input type="checkbox"/>	E.T. Motel #29, #30, #32, & #34	31.00	210.00	3—4
<input type="checkbox"/>	E.T. Motel #31 & #33	31.00	210.00	2
<input type="checkbox"/>	Condo #36—Handicapped accessible	38.00	245.00	4
<input type="checkbox"/>	Condo #43—Handicapped accessible	38.00	245.00	4
<input type="checkbox"/>	Condo #37 - #42	38.00	245.00	6
<input type="checkbox"/>	Limited RV Spaces are available.	17.00	110.00	N/A

LINEN POLICY

Linen: blanket-pillow-pillowcase, towel & washcloth
\$10.00 charge per person per event .

(Please indicate) _____ Yes, _____ No, thank you.

Linen are needed for _____ (# of attendees).

Office Use Only: DR _____ / _____ / _____ C#: _____ Room #: _____ #OC: _____ Deposit/Amt Paid: \$ _____

GUARDIAN AUTHORIZATION FORM

_____ Age: _____ (Male - Female)?

_____ Age: _____ (Male - Female)?

_____ Age: _____ (Male - Female)?

Please Print Names

We, parents of the above mentioned minors hereby give our permission for them to attend Family Camp 2009 at Bethel Park in Bridgman, Michigan.

_____ have consented to be their guardians during this time. To include: trip to, time at Bethel Park, and the return trip home after camp.

Parent Signature

Guardian Signature

_____, 2009

_____, 2009

COMPLETION MANDATORY!! IN AN EMERGENCY, PLEASE NOTIFY:

Please Print

1. _____ (____) _____ - _____

2. _____ (____) _____ - _____

3. Any medical concerns we should be aware of? (YES) _____ (NO) _____
IF yes, Please describe:

4. When the designated person(s) are unreachable, Bethel Park Retreat Center management is authorized to act in my behalf.

Signature _____