

Overnight Camp Registration 2020

Registration Information (Fill out one form per camper—please print)

Camper's Name:				_Male/Female Birthdate (Month/Day/Year):			
Parent's Name:				Phone Number:			
Address:City:				State:	Zip:		
Email (Required to access	s camper's online	account):					
Emergency Contact 1 (Required):				Phone Number:			
Emergency Contact 2 (Required):				Phone Number:			
Group Mate Request (Limit 2 Please): 1				. 2			
Grade Entering in Fall 20	20:	about us:	us:				
I would like to receive co	nfirmation materi	be ava		e (Email address required above, materials will ilable through your child's Camp In Touch online It which will be created at the time of registration)			
2020 Overnight Camp	<u>Pricing</u>						
Program		On or before March 16	On or befo	ore May 4 S	Starting May 5		
Trb/Pion/Voy, Medley, Rewind		\$550	\$575	\$	\$600		
Mini Camp (Session 1 Only)		\$425	\$450	\$	\$475		
Circle C Ranch		\$565	\$590	\$	\$615		
Horsemasters		\$600	\$625	\$	\$650		
Counselor In Training (C.I.T.)		\$695	\$720	\$	\$745		
Crazy About Copneconic (2 Week Prog.)		\$1,045	\$1,070	\$	\$1,095		
Travel Trip		720 \$745		\$	\$770		
June 28—July 2 (Session 1)* *Shorter Week: Sunday—Thursday		July 5-10 (Session 2)		July 12-17 (Session 3)			
Program Mini Camp	Entering Grades 3rd-8th Grade	Program Beyond Gluten Camp Trailblazers Circle C Ranch Pioneers Crazy Ab. Cop (2 wk) Voyagers C.I.T. (2 wk) Mich. Mosaic Trip	4th-5th Grade 4th-10th Grade 6th-8th Grade 6th-11th Grade	Program Trailblazers Circle C Ranch Pioneers Copneconic Medley Boys Manitou Trip Voyagers	9th-11th Grade		
July 19-24 (Session 4)		July 26-31 (Session 5)		August 2-7 (Session 6)			
Program Trailblazers Circle C Ranch Pioneers Voyagers	Entering Grades 4th-5th Grade 4th-10th Grade 6th-8th Grade 9th-11th Grade	Program Trailblazers Circle C Ranch Pioneers Girls Manitou Trip Voyagers	Entering Grades 4th-5th Grade 4th-10th Grade 6th-8th Grade 9th-11th Grade 9th-11th Grade	Program Trailblazers Horsemasters Pioneers Copneconic Medley Manitou Adv. Trip Voyagers	Entering Grades 4th-5th Grade 5th-11th Grade 6th-8th Grade 6th-8th Grade 9th-11th Grade 9th-11th Grade		
August 9-14 (Session 7)		August 16-21 (Session 8)					
Program Trailblazers Pioneers Mich. Mosaic Trip Voyagers	Entering Grades 4th-5th Grade 6th-8th Grade 9th-11th Grade 9th-11th Grade	ProgramCamp RewindMini Camp	Entering Grades 3rd-8th Grade 3rd-8th Grade	WE ENCOURAGE YOU TO REGISTER ONLINE! WWW.CAMPCOPNECONIC.ORG			



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ADDITIONAL OPTIONS—	PLEASE CIRCL	E SELECTIONS					
1. Camp T-Shirt			Total T-Sh	nirt Order:	\$		
Youth Sizes—\$14		Adult Sizes—\$17					
S (6-8) M(10-12) L(14-16)		S M L XL XX	(L				
2. Camp Care Package-\$37			Total Care	Pkg. Order	\$		
Youth M(10-12) L (14-16)		Adult S M L XL X	XL				
3. 8x10 Group Photo—\$10	and/or 8x10 A	II Camp Photo-\$10	Total Phot	o Order:	\$		
Session(s): 1 2 3 4 5 6 7 8	(Photos not availa	ble for travel trips)					
4. Trading Post (Camp Store)	\$Per Se	ssion Registered For					
Session(s): 1 2 3 4 5 6 7 8	(Trading Post not	available for travel trip	s) Total Trad	ing Post:	\$		
Each camper will have the opportur	•		•				
counts will not be refunded. Left o	ver runus will be doi	nated to the FMCA Cam	p copheconic sch	olarship tunu.	we suggest a max	01 \$50.	
5. I would like to contribute to	the YMCA Camper	ship Fund to help and	other child go to	camp:			
\$25 \$50 \$75 \$100 (Total Dor	nation:	\$				
Additional Options Total:					\$		
TOTAL CAMP FEES			Defund Police	. ONE HALE	of the denosit is		
Session Total		cy: ONE HALF of the deposit is p to thirty (30) days prior to the					
۸ ما ماند؛ - به حال ۱ صدر ۱ ماند ۱ ماند ا				art date. Deposits are NON- BLE after thirty (30) days prior to			
Sibling Discount (15%)*	-\$		session start o				
*If you are selecting the Sibling the discount based on the sessi							
Subtotal	\$						
Today's Payment**	t required—	\$150 Per	Session				
Balance Due	\$						
METHOD OF PAYMENT				WE ENCO	URAGE YOU TO)	
Please Circle:	REGISTER ONLINE THIS YEAR: WWW.CAMPCOPNECONIC.ORG						
Check/Money Order	Amex	Mastercard	Visa				
Credit Card or Check Numb	oer:			To Registe			
Exp. Date:/		_	gistration form t np Copneconic	:0:			
Name of Cardholder:		Fenton Rd.					
Billing Zip Code:		Fenton, M	I 48430				
Signature:							