



Check out 2 pm and Check in 3 pm

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Phone

\_\_\_\_\_  
E-Mail Site Number

\_\_\_\_\_  
# of Adults # of Children # of Pets <sup>Y N</sup>  
Boat Trailer

\_\_\_\_\_  
Church or Group  Internet User (check if want)

**\*Donation to Lakeview Family Camp Improvement Fund**

\$10.00  \$20.00  \$ Other amount \_\_\_\_\_

I am aware that campground rules are posted and to be followed. This campground is owned and operated by the Michigan Area UM Camping Board which makes possible the program and facilities for family camping. I accept that pictures may be used for marketing. I accept full liability for any damage or loss while on Camp Grounds. I understand that the Conference Ins. Is a secondary carrier and that each camper is responsible for their own Medical Insurance.

\_\_\_\_\_  
SIGNED DATED

**Office Use Only**

\_\_\_\_\_  
Arrival Date Departure Date Total Nights Tendered

CASH  CHECK  VISA  MC



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