

**Northern Great Lakes
Mission Center Youth
Camping Program**

Summer 2010

Senior High Camp

June 27-July 3, 2010

*Directors Amy Bridson/Darrin
Carter*

*10910 Marsh RD. Fife Lake, MI
49633*

Jr. High Camp

July 18-24, 2010

Director Grace King

*3655 Lake Ann Rd. Interlochen,
MI 49643*

Junior Camp

Aug. 15-21, 2010

Director Wendy Brooks

5725 Cedar St.

Millersburg, MI 49759



**Northern Great Lakes
MissionCenter**

Camping Coordinator
Joyce E. Mead
PO Box 134
Lake Ann, MI 49650
231-492-008
Mead.jem@gmail.com

Community of
Christ



Northern Great Lakes MissionCenter

Community of Christ Event Release

Event _____

GENERAL INFORMATION

Name _____ Age _____ Grade Completed _____ Gender: Female Male
Social Security Number _____ Phone Number (_____) _____ E-mail _____
Address _____ City/State or Province _____
Zip/Postal Code _____ Roommate Preference _____
Religious Affiliation _____ Home Church _____
Name of Parents, Custodial Parent, or Legal Guardian* _____
Work Phone _____ Email _____
Additional Parent, Legal Guardian, or Next of Kin* _____
Home Phone _____ Work Phone _____ E-mail _____
Persons allowed to pick up child from event* _____

*Applies only to those under 21 years of age.

Emergency Notification

Name _____ Relationship _____ Phone (_____) _____
Address _____
City/State or Province _____ Zip/Postal Code _____
Name _____ Relationship _____ Phone (_____) _____
Address _____
City/State or Province _____ Zip/Postal Code _____

Medical Information

Allergy to foods, medications (if none, so state) _____
Is applicant currently under a physician's care for any acute or chronic medical condition? _____
If yes, please explain. _____
Does applicant carry non-prescription medication on their person? (if none, so state) _____
Medication(s) and purpose _____
Does applicant require prescription medications? (if none, so state) _____
Medication(s) and purpose _____

Physician _____ Phone (_____) _____
Office Address _____
Hospital/Clinic of Choice (if applicable) _____
Health Insurance Provider _____ Phone (_____) _____
Policy Holder's Name _____
Address _____
Group Number _____ Policy Number _____
Other Information _____

Please attach a copy of both sides of your insurance card.