

# CAMP DESTINATION

At Camp Innisfree  
2005 W SCHAFFER ROAD, HOWELL, MI 48843  
August 9-14, 2009

## REGISTRATION FORM

### CAMPER INFORMATION

Camper's Full Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City, State/Province, ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Gender (circle one):      MALE      FEMALE

School: \_\_\_\_\_ Grade as of September 2009: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

#### *Parent/Guardian 1*

Name: \_\_\_\_\_

Address (if different from camper's address): \_\_\_\_\_

City, State/Province, ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone/Pager: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### PERMISSION AND PAYMENT (DUE BY JULY 10, 2009—PAYABLE TO CAC/CAMP DESTINATION)

I HEREBY GIVE MY CHILD PERMISSION TO ATTEND CAMP DESTINATION AND INCLUDE A CHECK/MONEY ORDER FOR ONE HUNDRED AND SEVENTY-FIVE DOLLARS (\$175.00)

I AM REGISTERING MY CHILD UNDER THE FOLLOWING SESSION (CIRCLE ONE):      SESSION A (AGES 8-12)

SESSION B (AGES (13-18))

\_\_\_\_\_  
signature and date of parent/guardian

### SEND COMPLETED FORMS TO:

COMMUNICATION ACCESS CENTER  
C/O DRAGAN JAKSIC  
1505 WEST COURT STREET  
FLINT, MI 48503

**NOTE: UPON RECEIPT OF THE PAYMENT, A LETTER OF CONFIRMATION WILL BE SENT TO YOU IMMEDIATELY ALONG WITH AN INFORMATION PACKET CONTAINING FORMS (SUCH AS MEDICAL HISTORY/RELEASE, WAIVER/INDEMNITY) TO BE FILLED OUT AND BROUGHT TO CAMP ON THE FIRST DAY OF ENCAMPMENT.**

### FURTHER CONTACT INFO:

TELEPHONE: 866-500-9662 EXT. 124  
FAX: 810-239-1606  
EMAIL: DJAKSIC@CACDHH.ORG

