

Old Mill Point - Summer Camps 2021

Please Print and Fill Out:

- **Mail to:** Cedar Bay, PO Box 425, Cedarville, MI 49719-0425
- **Send Scan to:** registration@cedarbay.us

Name † _____ Date of Birth ____/____/____
 Spouse _____ ____/____/____
 Address _____
 City _____
 State _____ Zip _____ - _____
 Home Cell () _____ - _____
 Work Cell () _____ - _____

Primary Email _____
for registration confirmation and correspondence

Additional Family Members Attending: Date of Birth M / F
 _____ ____/____/____
 _____ ____/____/____
 _____ ____/____/____
 _____ ____/____/____

EVENT for Old Mill Point

Please indicate 1st and 2nd choices:

___ Great God of Wonders June 26 - July 2
 ___ Home School FC 1 July 17-23
 ___ Family Camp 4 July 31- Aug. 6
 ___ Family Camp 5 August 7-13
 ___ Home School FC 2 August 14-20

HOUSING for Old Mill Point

Please indicate 1st and 2nd choices:

___ Option 1 / Willoughby • Lodge Room, Large - Sleeps 8 / #Rs _____
 ___ Option 2 / Willoughby • Lodge Room, Small - Sleeps 4 / #Rs _____
 ___ Option 3 / Beach Cabin • Guest Room - Sleeps 4 / #Rs _____
 ___ Option 4 / Harwood Cabin • Guest Room - Sleeps 4 / #Rs _____
 ___ Option 5 / Family Cabins • Sleeps 4-10 Pref. _____
 ___ Option 6 / Point Cabins • Dorm Style - Sleeps 8 / #Cs _____
 ___ Option 7 / Tent Site

DEPOSIT \$250*: Enclose deposit with registration

The Deposit is not transferable to others and is subject to the "Deposit and Refund Policy." **Your balance is due upon arrival. Please make your check payable to Cedar Bay.** Adjustments in camp fees can be made only for meals missed. Arrangements must be made seven days prior to arrival.

† Your registration provides Cedar Bay the authorization to use photos and videos of you and your registered group for promotional purposes.

Mariners' Cove - Summer Camps 2021

Please Print and Fill Out:

- **Mail to:** Cedar Bay, PO Box 425, Cedarville, MI 49719-0425
- **Send Scan to:** registration@cedarbay.us

Name † _____ Date of Birth ____/____/____
 Spouse _____ ____/____/____
 Address _____
 City _____
 State _____ Zip _____ - _____
 Home Cell () _____ - _____
 Work Cell () _____ - _____

Primary Email _____
for registration confirmation and correspondence

Additional Family Members Attending: Date of Birth M / F
 _____ ____/____/____
 _____ ____/____/____
 _____ ____/____/____
 _____ ____/____/____

EVENT for Mariners Cove

Please indicate 1st and 2nd choices:

___ Family Camp 1 June 26 - July 2
 ___ Family Camp 2 July 3-9
 ___ Family Camp 3 July 10-16
 ___ Pastor's Oasis July 17-23
 ___ Family Vacation Week July 24-30

HOUSING for Mariners Cove

Please indicate 1st and 2nd choices:

___ Option 1 / Taylor • Lodge Room, Large - Sleeps 6 / #Rms _____
 ___ Option 2 / Taylor • Lodge Room, Small - Sleeps 4 / #Rms _____
 ___ Option 3 / Gloria Taylor Cabin • Guest Room - Sleeps 4 / #Rms _____
 ___ Option 3 / Gloria Taylor Cabin • Guest Room - Sleeps 6 / 1Rm _____
 ___ Option 4 / Four Anchors Cabin • Guest Room - Sleeps 4 / #Rms _____
 ___ Option 4 / Four Anchors Cabin • Guest Room - Sleeps 6 / 1Rm _____
 ___ Option 5 / Family Cabins • Sleeps 4-6 Pref. _____
 ___ Option 6 / Tent or RV-Unit Length: _____ Feet

DEPOSIT \$250*: Enclose deposit with registration

The Deposit is not transferable to others and is subject to the "Deposit and Refund Policy." **Your balance is due upon arrival. Please make your check payable to Cedar Bay.** Adjustments in camp fees can be made only for meals missed. Arrangements must be made seven days prior to arrival.

† Your registration provides Cedar Bay the authorization to use photos and videos of you and your registered group for promotional purposes.