

Overnight Camp Registration 2025

Registration Information (Fill o	ut one form per ca	amper—pl	ease prin	t)			
Camper's Name:			Gender:		Birthc	Birthdate (mm/dd/yyyy):	
Parent's Name:			Phor	ne Number: _			
Address:		City:	S	itate:	_ Zip:		
Email (Required to access camper'	s online account): _						
Emergency Contact 1 (Required):				Phone Nu	mber:		
Emergency Contact 2 (Required):				Phone Nu	mber:		
Group Mate Request (Limit 2 Please): 1			2				
Grade Entering in Fall 2025:	How did y	ou hear al	bout us:				
I would like to receive confirmation materials:		By Mail		Online (Email address required above, materials will be available through your child's Camp In Touch online account which will be created at the time of registration)			
2025 Overnight Camp Pricing	L						
Program		Price		WE ENCOURAGE YOU TO REGISTER ONLIN THIS YEAR: WWW.CAMPCOPNECONIC.ORG			
Summer Mini Camp		\$560		THE LAR. WWW.CAMPEOFILEONIC.ORD			
Traditional Overnight Camps		\$840		To Regist	<u>To Register by Mail</u>		
Circle C Ranch		\$900		Return re	Return registration form to:		
Horsemasters		\$935		YMCA Camp Copneconic			
Counselor In Training (C.I.T.)		\$1,025		10407 N Fenton Rd.			
Crazy About Copneconic (2 Week Prog.)		\$1,525		Fenton, MI 48430			
Michigan Mosaic		\$1,025					
STEM Camp—Imagination Factory		\$875					
June 29 – July 2 Summer Mini Camp			July 13	July 13-18 (Session 1)			
<u>Program</u>	Entering Grades		<u>Program</u>			Entering Grades	
Mini Camp	4th-8th Grade		Overnight Camp C.I.T. (2-Week) Crazy ab. Cop (2-Wk) Circle C Ranch			4th-11th Grade 12th Grade 6th-11th Grade 4th-10th Grade	
July 20 - 25 (Session 2)			July 27 – August 1 (Off Camp Trip)			mp Trip)	
Program	Entering Grades		<u>Program</u>			Entering Grades	
Overnight Camp Circle C Ranch	4th-11th Grade 4th-10th Grade		Mich.	. Mosaic Trip)	9th-11th Grade	
August 3 - 8 (Session 3)		August 10 - 15 (Session 4)					
<u>Program</u>	Entering Grades		<u>Program</u>			Entering Grades	
Overnight Camp Imagination Factory Horsemasters Ranch	4th-11th Grade 4th-11th Grade 8th-11th Grade		Overn	night Camp		4th-11th Grade	

Camp T - Shirt Youth Sizes - \$15 YS YM YL Adult Sizes - \$20 S M L XL XXL		-	Package \$40 er Bottle, Backpack Toy YL	،, * t	Cabin Photo \$10 Not available for travel rips 8x10 Gession(s)		
Total Amount: \$		Adult Sizes S M L	XL XXL		Mini 1 2 3 4		
Trading Post (Camp Sto *Not available for travel trip Session(s) Mini 1		4					
\$5 \$10 Total Amount \$ Snack \$1, Sticker \$3, Water		\$20 tuffed Animal	\$25 \$12, T-Shirt \$15-	-	rt \$30		
l would like to contribute to th	e YMCA Camper	rship Fund to h	elp another child g	o to camp:	(
	\$75	\$100	Other: \$		Total \$		
Fotal Amount \$	\$75	\$100					
Total Amount \$ TOTAL CAMP FEES	\$75	\$100	Refund P refundable	olicy: ONE H	IALF of the deposit is (30) days prior to the		
Total Amount \$ TOTAL CAMP FEES Session Total	\$75 \$	\$100 	Refund P refundable session st	olicy: ONE H e up to thirty art date. Dep	IALF of the deposit is		
Total Amount \$ TOTAL CAMP FEES Session Total Additional Options Total	\$75 \$ \$ -\$	\$100 	Refund P refundable session st	olicy: ONE H e up to thirty art date. Dep BLE after thir	IALF of the deposit is (30) days prior to the posits are NON-		
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Total Amount \$ TOTAL CAMP FEES Session Total Additional Options Total Sibling Discount (15%)* "If you are selecting the Sibling the discount based on the sessi	\$ \$ -\$ Discount, please	e only pay the r	Refund P refundable session st REFUNDA session st required deposit of	olicy: ONE H e up to thirty art date. Dep BLE after thir art date. \$75/session.	IALF of the deposit is (30) days prior to the posits are NON- ty (30) days prior to Our office staff will figure		
\$25 \$50 Total Amount \$ TOTAL CAMP FEES Session Total Additional Options Total Sibling Discount (15%)* *If you are selecting the Sibling the discount based on the sessi Subtotal Today's Payment**	\$ \$ _\$ Discount, please on(s) you have c	e only pay the r	Refund P refundable session st REFUNDA session st required deposit of	olicy: ONE H e up to thirty art date. Dep BLE after thir art date. \$75/session. sehold and wi	IALF of the deposit is (30) days prior to the posits are NON- ty (30) days prior to Our office staff will figure ill send you a final bill.		

Please Circle:	Check/Cash	Amex	Mastercard	Visa
Credit Card or Che on Back:	ck Number: Name of Cardholder:	Exp. C)ate:/	3 Digit Code
Billing Zip Code: _	Amount to be	e Charged:		
Signature:				