2011 NORTHERN MICHIGAN CFO (Saturday, August 6 – 13th)
REGISTRATION FORM

Name(s):

Address:

City, State, Zip:

Telephone: E-Mail:

Circle: Full Time (FT) or Part Time (PT) Arrival Date 8/ Departure Date 8/

Name(s) & AGES of your children along with GRADE entering this fall

REGISTRATION: (part time adult $10.00 per day / child $5.00 per day)

# of ADULT Registrations	____ (X)	$50.00 (=)	$
# of CHILD (5-11) Registrations	____ (X)	$25.00 (=)	$
OR Family Maximum Registration		$300.00	$

TOTAL REG $

ROOM & BOARD: (daily PT rate will be calculated by registrar)

# of ADULT (Double Room)	____ (X)	$370.00 (=)	$
Or SINGLE ROOM		$445.00	$
# of CHILDREN (5 – 11)	____ (X)	$255.00 (=)	$

TOTAL R & B $

Registration Total (+) Room & Board Total $

TOTAL Enclosed (minimum total REGISTRATION amount) $

BALANCE DUE AT CAMP $

Make Checks payable to: NORTHERN MICHIGAN CFO
Send Registration form and check to:
Mr. Darin Vaxelaire – 40818 Executive Drive, Sterling Heights, MI 48313
(586) 247 – 9367 DDVaxelaire@comcast.net
***Please note any special needs you have, both physical and dietary on back of form.