

Michigan Conference of Seventh-day Adventists

2019 Camp Meeting Application

June 14-22, 2019

Rev 2-5-2019

Beginning in 2019 there will only be ONE opportunity to submit an application.

All applications (one per household), paper or online over the Internet, will be entered into a combined pool of names. From the combined pool, names will be selected on a random basis by computer until all available accommodations are filled.

- Online registration will be from **March 1 to March 15**. Anytime between those dates, go to **www.misda.org** and **click on the camp meeting application link**.
- To register with a paper application, fill out this form and send it to the address printed below. All paper applications must be

postmarked by **March 15** in order to be included in the selection process.

- **No phone reservations.**
- Applicant must be 19 years of age or older.
- Cancellations and refunds will be considered on an individual basis. A \$25 fee will be charged for cancelling your reservation. **NO REFUNDS** after **May 31, 2019**. You will be notified by mail by **April 15** if randomly selected. *If not selected, you will remain on a waiting list.*
- Michigan Conference members will be given first priority for all available accommodations through **May 10, 2019**.

Please **PRINT** the requested information. **FILL IN** all spaces where applicable. **READ** attached instructions. **SIGN** your name where required.

Name _____ Phone (home) _____

Address _____ Phone (work) _____

City _____ State _____ Zip _____ Phone (cell) _____

Email Address: _____ Vehicle License Plate # _____ Trailer License # _____

I am a member of the _____, MI Adventist Church.

Do you plan on staying the whole time? _____ Indicate days you will be staying.

Or weekends only _____ F S S M T W T F S

List the NAMES of ALL adults and children who will share your accommodations. Include DATE OF BIRTH (DOB) of each minor child. A medical CONSENT TO TREAT form (enclosed) must be signed for each individual child by a parent or legal guardian for that minor child (17 years or younger). Make a separate copy for each child.

Name	DOB	Name	DOB
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Name	DOB	Name	DOB
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Name	DOB	Name	DOB
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Special Accommodation Needs or Requests: _____

I support the dress code and agree to abide by it.

Signature of Applicant _____ Date _____

Make check or money order payable to **Michigan Conference of Seventh-day Adventists**. Check must include **full amount for accommodations, key deposit, meal tickets, and any additional fees**. *You will be notified by mail by April 15 if you were randomly selected or will remain on a waiting list.* **YOU WILL RECEIVE YOUR LOCATION ASSIGNMENT AT CHECK-IN.** If you have any questions, please call **517-316-1512**.

**Mail completed application to:
Camp Meeting Reservations, PO Box 24187, Lansing, MI 48909**

ACCOMMODATION REQUEST FORM

In order to adequately meet the needs of all attendees, you will receive your accommodation assignment upon arrival.

Type of Accommodation: (Circle costs under column for 1st and 2nd choice)	1st Choice	2nd Choice
Cabin:		
Includes: 1 queen-size bed, 1 set of bunk beds (mattresses are included), kitchen cupboards, kitchen sink with hot & cold water, hot plate, curtains, and two chairs. No table is furnished. One refundable key deposit is included in this price. <p style="text-align: center;">One Additional Key Deposit (refundable)</p> If you plan to bring an air conditioner, a maximum 7700 BTU is permitted. Your unit must be installed by camp meeting personnel (make arrangements with accommodations staff).	\$ 275 20	\$ 275 20
Cottage:		
Includes: 1 queen-size bed platform, 1 set of bunk bed platforms, one table and four chairs, and an air conditioner. No mattresses are furnished. One refundable key deposit is included in this price. Inflatable mattresses are available to rent and will be available for pickup at accommodations. Queen - Limit 2 - \$20 each 1 or 2 - Circle One - Twin - Limit 2 - \$10 each 1 or 2 - Circle One - <p style="text-align: center;">One Additional Key Deposit (refundable)</p>	\$ 245 20 / 40 10 / 20 20	\$ 245 20 / 40 10 / 20 20
Dorm:		
Dorm restrooms are not handicap accessible. You may bring your own personal microwave (600 watt max) and refrigerator. Blinds are furnished. Each room has two single beds (with mattresses) and a sink. Families may stay in either dorm. One refundable key deposit is included in this price. Limit: 5 people per room. <p style="text-align: center;">One Additional Key Deposit (refundable)</p>	\$ 245 20	\$ 245 20
Camping: NOTE: State Health regulations require all water hoses to be the approved white hoses only.		
30 amp full hookup - RV with no more than ONE Air Conditioner 50 amp with water - RV with no more than TWO Air Conditioners 30 amp with water - RV with no more than ONE Air Conditioner 15 amp with water - small pop-up or tent - only ONE appliance at a time 30 amp NO water - RV with no more than ONE Air Conditioner 15 amp NO water - small pop-up or tent - only ONE appliance at a time Primitive - NO Electrical Service or water hook-up. Water is nearby. Type: Tent___ Pop-up___ Pop-up with AC___ Pickup Camper___ Travel Trailer___ Motor Home___ 5th Wheel___ Unit size: less than 25'___ Between 25' - 35'___ Longer than 35'___ Note: One licensed vehicle per campsite. Pets: I am bringing a pet___. PETS ARE REQUIRED TO STAY INSIDE RV. (See Pet Policy in Guidelines.) You may set up a camper between June 9 - 13, 2019. However, no one is allowed to stay on the grounds until June 14.	\$ 265 205 165 125 125 115 75	\$ 265 205 165 125 125 115 75
Subtotal for Selected Accommodations & Fees	\$	\$
Subtotal for Meal Tickets (total from Meal Ticket Order form)	\$	\$
Indicate Method of Payment: Check___ Money Order___ (DO NOT SEND CASH) Totals	\$	\$
Credit Card: VISA___ MasterCard___ Discover___ (Do not need 3 digit security code.) Card # _____ Expiration Date _____ Card holder signature _____ Print name as it appears on card _____ Billing address of card must match address on front of application or charges will be rejected. (Credit card charges will only be made if application is selected. Notification of selection will be on or after April 15.)		
Reservation Cancellation Fee of \$25 will be deducted from refunds after confirmation has been mailed.		



This is the most comprehensive church training ever provided by our Emmanuel Institute. In addition to training you in effective soul-winning techniques, they will help you evaluate the health of your local church, identify your hindrances to growth, and develop a plan to make your church more focused, spiritual, friendly, and passionate.

Classes will be held from 9:00 AM - 12:00 PM and from 3:30 - 5:30 PM Sunday through Friday. This program is free, but there is an optional \$25 fee for materials. We invite you to pre-register with the application in this Memo, or online beginning March 1 at misda.org.

Please **PRINT** the requested information. **FILL IN** all spaces where applicable.

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip _____

Email Address _____

Phone (Home) _____

Phone (Cell) _____

Church Affiliation _____

Who is your local pastor? _____

Do you have any other questions?

Camp Meeting Reservations, PO Box 24187, Lansing, MI 48909