



19088 BROWNSVILLE ROAD CASSOPOLIS MI 49031 | 269-476-2550 | campwagner@lrcsda.com

REGISTRATION APPLICATION

Name of Group _____ Date _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

E-mail _____ Dates Requested _____

Lodging facilities requested: Please mark all that apply to your group.

RED CABINS (# of Cabins) _____ 100-500 Cabins (# of Cabins) _____

Number of Tent spaces _____ 600 Cabins (# of Cabins) _____

RV's # of Spots needed _____

Meeting facilities requested: Please mark all that apply to your group.

Welcome Center ____

Conference Center ____

Kitchen ____

Deliverance Youth Center ____

You are responsible for your own meals unless prior arrangements have been made. If meals are desired please make arrangements with Camp Ranger/Office 10 days prior to event.

Meals (Number of meals—35 minimum) _____ (Number per meal) _____

Golf Carts (Call for Availability) _____

I, the undersigned, have read the camp policies statement and have supplied copies of the "Release and wavier of Liability and Indemnity Agreement" to all parties. Please return this page with a \$100.00 non-refundable deposit to secure your reservation. We will contact you via email or phone to confirm the reservation and provide an invoice at such time.

Signature _____ Date _____

FULL PAYMENT IS DUE AT THE TIME OF ARRIVAL

For Office Use

Date Received _____ Check # _____ Amount Received _____