



CAMPER REGISTRATION FORM

SUMMER GAMES CAMP 2025

Camp Dates: July 12 - 17, 2025

Location: Camp Albright & Event Center 3156 S 190th Ave, Reed City MI 49677

Camper Information:

First Name: _____ Last Name: _____

Gender: M F Date of Birth: _____ Grade in Fall 2025: _____ Shirt Size (Adult): _____

Home Address:

Street: _____ City: _____ State: _____ ZIP: _____

Mailing Address: *Check if same as Home Address*

Street: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Has camper attended Summer Games before? Yes No

Home Church (if applicable): _____

*Summer Games Camp is for campers entering 4th through 10th grade in Fall 2025

Parent/Guardian Name(s): _____

Home Address: _____ Phone 1: _____

City: _____ State: _____ ZIP: _____ Phone 2: _____

Email Address (*optional*): _____

Emergency Contact - Full Name: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Camper Registration Fee

Total Cost: \$400 per camper

Due Now: \$50 deposit*

Remaining Due: \$350

Mail or Email to Camp Registrar:

Erica Koehler
3657 Cedar Loop
Clarkston, MI 48348
office@summertimescamp.org
(231) 499-1928

Find us on social media at
<https://facebook.com/SummerGames01>
<https://instagram.com/summertimescamp>

Camp Website: <https://summertimescamp.org>

Payment due in full by June 20th, 2025

Payment Method:

Check Amount Enclosed: \$_____ Check #: _____

Credit Card / ACH Email Address: _____

An invoice will be sent to your email address, so you can make payments online any time.

*Please make checks payable to:
Summer Games Camp Inc.*