



YMCA CAMP PINEWOOD

2017 Family Camp Weekend Registration

Send completed form to 4230 Obenauf Road, Twin Lake, MI 49457 | Fax to 231.821.0487 | Email to camppinewood@ymcachicago.org
Call our office at 231.821.2421 with any questions

Camp Pinewood provides a beautiful backdrop for this amazing 4 day / 3 night Family Adventure!

Families can visit with new and old friends while experiencing sports, games and adventures around Lake Echo. Rock climbing, Canoeing down the Muskegon River, Swimming, and Archery are all included thanks to our beautiful location in Twin Lake, MI! Other activities include Arts & Crafts, Board Games, Campfires, Nature Hikes, and much more!

Complimentary drop-in childcare will be provided during the mornings and afternoons for campers under the age of 5.

Memorial Day Weekend

Friday, May 26th – Monday, May 29th, 2017

Labor Day Weekend

Friday, September 1st – Monday, September 4th, 2017

ARRIVAL: Any time after 5pm

DEPARTURE: By 11am

FEES*

1-2 campers: \$370

3 campers: \$530

4 campers: \$670

Each additional camper after 4: \$98

Children 4 and under FREE!

\$10 EARLY BIRD REGISTRATION DISCOUNT

Memorial Day Family Camp – March 31st

Labor Day Family Camp deadline – June 30th

\$25 DISCOUNT FOR Y MEMBERS (# _____)

*Basic fee includes on-site activities, lodging and meals at Camp Pinewood. Transportation is not provided for Family Camp.

Primary Contact (Must be at least 18 years old): _____

Primary Contact Email: _____

Phone #1: _____ **Phone #2:** _____ **Phone #3:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Years at Camp Pinewood (including this year): _____ **How did you hear about us?** _____

(Please include name of YMCA/Person that you heard from)

Alternate Contact: _____ **Alternate Phone #:** _____

Please List All Other Members of Your Family / Group Attending:

2. Name: _____ Age _____ Gender **M** **F**

3. Name: _____ Age _____ Gender **M** **F**

4. Name: _____ Age _____ Gender **M** **F**

5. Name: _____ Age _____ Gender **M** **F**

6. Name: _____ Age _____ Gender **M** **F**

7. Name: _____ Age _____ Gender **M** **F**

8. Name: _____ Age _____ Gender **M** **F**

9. Name: _____ Age _____ Gender **M** **F**

10. Name: _____ Age _____ Gender **M** **F**

Cabin Request (Based on a first come, first serve basis, no guarantees): _____

Returning Families: Requests will be honored if registered by March 31 or June 30, 2017

SEE REVERSE SIDE →



Family Information Sheet

Family Name: _____ Family Weekend Attending: _____

To help us get to know your family a little better and meet your goals while you are at camp, we are asking for the following information. This information will be shared with our staff and used in the best interest of your family.

Number of years your family has attended Pinewood? _____

If this is your first year, how did you hear about Pinewood? _____

Are you sharing a cabin with any other families while here? _____

Are you related to, or friends with any other families who are attending Family Camp? Y N

If so, who are they, and what is your relationship: _____

What is your family's favorite thing about Family Camp? What are you most looking forward to?

If you could change one thing about your last Family Camp what would it be? _____

List three goals you have for your family while at Family Camp together:

1. _____

2. _____

3. _____

Is there anything else you would like to tell us about your family? _____

Please complete this with your family return this form with your registration to Camp Pinewood.

You may fax it to (231) 821-0487, mail, or e-mail it to camppinewood@ymcachicago.org