Registration Form

Register online at **graceoutside.org,** by phone (see below) or use this form (one for each camper). Please print legibly and include payment. See the footer section of graceoutside.org for other forms, including health forms that you must bring to camp. Churches helping pay for camp may request a sponsor code: registrar@wesleywoodsmi.org.
Grace Outside is a program of Michigan Area United Methodist Camping.

CAMPER INFO
First Name: _____ Last Name: _____ Nickname: _____

◯ Male ◯ Female Birthdate: _____ Grade (fall 2026 if applicable): _____

How Did You Hear about Grace Outside? _____ Church you attend (if applicable): _____

Parent's Name (if camper is a minor): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Roommate Request: _____

Signature of Parent/Guardian, or Adult camper: _____ Date: _____

REGISTERING FOR

Location: ◯ Wesley Woods Camp & Retreat ◯ Lake Michigan Family Campground ◯ Lake Huron Retreat Center

1st Choice Event Name _____ Cost: $_____

2nd Choice Event Name _____ Cost: $_____

Lake Huron Housing: ◯ Single ◯ Double ◯ Triple ◯ Commuter Cost: $_____

PAYMENT INFO

Check# _____ OR ◯ Visa ◯ MasterCard ◯ Discover

Card #: _____ Exp. Date: ____/_____ CVV Code: _____

Cardholder's Name: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Donations help make camp affordable for everyone. Donation: $ _____

Sponsor Code: _____

Amount You are Paying Today: $ _____
($75 min. deposit. Balance due one month before event)

QUESTIONS? Contact the registrar at the site you are attending:

- **Wesley Woods Camp & Retreat,** 269-721-8291, registrar@wesleywoodsmi.org
- **Lake Michigan Family Campground,** 231-869-5627, registrar@lakemichigancamp.org
- **Lake Huron Retreat Center,** 810-327-6272, info@lakehuronretreat.org

Minimum Deposit is NONREFUNDABLE

Camper will not be registered without a minimum $75 deposit.

Do not send cash by mail. Please send check or credit card.

Make check payable and mail to:

MAUMC
PO BOX 134
St. Johns, MI 48879