## **CAMP ALEXANDER MACK, INC.**

## 2022 Retreat & Get-A-Way Day Registration Register at campmack.org—Click Register Online

(All fields required—This may not be used for Grand Camp or Summer Camp)

EVENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_

Address:
City, State, Zip:
Email:
Allergies:
Special Needs/Accommodations:
If Participant is a minor: (Emergency contact also required):
Parent Name: Phone: ()
Emergency Contact:
Name: Phone: ()
Event Cost: Amount Enclosed:
Check payable to Camp Mack– Mailing Address: P.O. Box 158 Milford, IN
Waiver and Release Statement: I/We waive any claim for me/us or my/our
child that may arise against the camp and/or employees as a result of partici-
pation in the program, except for those that are a direct result of gross negli-
gence of the camp or its employees. I give permission for me/us and/or my/
our child to be photographed and/or video taped for promotional purposes
of the camp.
Participant Signature (parent/guardian if participant is a minor):
Name: Date:

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