



# ROCK LAKE CHRISTIAN ASSEMBLY CAMP & RETREAT FACILITY

7389 E. VESTABURG RD. VESTABURG, MI 48891  
[WWW.RLCA.ORG](http://WWW.RLCA.ORG) 989-268-5377

## 2022 MAN CAMP: FEBRUARY 25<sup>TH</sup>-27<sup>TH</sup> REGISTRATION FORM

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
HOME CONGREGATION: \_\_\_\_\_

Registration is \$60/person and is open to men 12 years and older. RLCA Scholarships are available. Contact the office at 989-268-5377 or [info@rlca.org](mailto:info@rlca.org) for more information.

Please indicate where you will be spending Friday and Saturday nights.

\_\_\_\_\_ staying at camp in one of the lodges (bring twin bedding and towels)  
\_\_\_\_\_ staying elsewhere

Are there any medical conditions, allergies, etc. that we need to be aware of? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES please explain \_\_\_\_\_  
\_\_\_\_\_

Are there any food requirements, such as diabetic diet, that we need to be aware of? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES please explain \_\_\_\_\_  
\_\_\_\_\_

**RETURN COMPLETED FORM TO CAMP OFFICE: RLCA P.O. BOX 340 VESTABURG, MI 48891**

<b>For Office Use Only:</b> Received By: _____
Amount \$ _____ Check # _____ Cash _____