



# Michigan Christian Youth Camp & Retreat Center

Glorifying God by providing an environment that promotes Christian Growth

820 North Lake George Road, Attica, MI 48412

www.meyc.org - 810-664-8040 - meyc@meyc.org

## Public Ride Reservation

Name : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Date and Time: \_\_\_\_\_

### \*\* Horseback Riders:

Age of Child or "A" for Adult

- |          |           |
|----------|-----------|
| 1. _____ | Age _____ |
| 2. _____ | Age _____ |
| 3. _____ | Age _____ |
| 4. _____ | Age _____ |
| 5. _____ | Age _____ |
| 6. _____ | Age _____ |
| 7. _____ | Age _____ |
| 8. _____ | Age _____ |

### PAYMENT

Riders: \_\_\_\_\_ x \$35 per rider Total Fee: \_\_\_\_\_

Payment Method: VISA MASTERCARD DISCOVER CHECK (Make payable to MCYC)

Card # - \_\_\_\_\_ EXP. DATE \_\_\_\_\_

V-CODE (three digit code on back) \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card:

\_\_\_\_\_

Cardholder Signature:

\_\_\_\_\_

**\*\* A SIGNED WAIVER IS REQUIRED FOR EVERY RIDER. WAIVERS AVAILABLE AT MCYC.ORG.**

**Policies**

**PLEASE REVIEW ALL INFORMATION CAREFULLY**

**Guidelines**

- The number for your group is required at time of application.
- The group will be responsible for registration of guests at their designated meeting site.
- Groups will be invoiced upon arrival to camp. Final payment is required when you register.
- **MCYC is a totally smoke free facility and has a no-alcohol policy.**
- **All campers and adults that participate in an activity or class that is given by MCYC will need to have an activity release form.**

**Application and Deposit**

- Requested dates are not secured until both a signed contract and balance are received.
- Deposits received to secure your overnight retreat dates will be applied to your final invoice.
- Applications received less than 30 days from date may not have all programs available.

**Final Cost**

If paying by Credit Card, please include the following information:

Name on Credit Card: \_\_\_\_\_ Visa                      MasterCard                      Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ V-Code: \_\_\_\_\_

Amount being applied to card: \_\_\_\_\_ Mailing Zip Code for Card: \_\_\_\_\_

- I/We have read and understand and agree to the contents of the Rental Rate Agreement as well as this application, including the Payment, Late Fee, and Cancellation Policies.

\_\_\_\_\_  
Authorized Group Signature (s) Date