



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