



**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.mcyc.org ♦ 810-664-8040 ♦ programs@mcyc.org

## Rental Request Form

Name of Group: \_\_\_\_\_ Age of Campers: \_\_\_\_\_

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

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

Contact Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

What is the best time to talk with you? (Give range and/or day of week) \_\_\_\_\_

Expected Arrival Date and Time: \_\_\_\_\_ 2nd Choice Arrival Date and Time \_\_\_\_\_

Expected Departure Date and Time: \_\_\_\_\_

### ***Camp Use:***

**Camp Use: Overnight per person/per night.**

September - May : Weekend Stay \$36  
 September- May: Weekday (Sun-TH): \$28  
 June-August: \$37

**Camp Use: Partial Day / Single Activity**

Single Activity: \$7 p/ person  
 Partial Day or no overnight stay: \$13 p/ person

*Check in time is after 3p. Check out time is 11a on last day of registration.  
 Meeting Rooms available at an additional cost.*

Total Number of Guests	Estimated Number of Participants (all Ages)		Total # of Participants x Camp Use Rate	Number of Nights	Total Camp Use Fee: (Does not include activities or classes)
	M	F			
			_____ x _____ Total      Rate	x _____	\$ _____

### ***Food Service:***

	Please note meals needed and How many for each meal:	Number of Meals x cost	Total Meal Fee
Breakfast	S _____ M _____ T _____ W _____ TH _____ F _____ SAT _____	_____ x \$12.50	\$ _____
Lunch	M _____ T _____ W _____ TH _____ F _____ SAT _____	_____ x \$12.50	\$ _____
Dinner	M _____ T _____ W _____ TH _____ F _____ SAT _____	_____ x \$12.50	\$ _____

***Return this form to programs@mcyc.  
 You will be contacted to confirm booking details and date availability.***