

AMUUSE

A GREAT PLACE TO BE SINGLE!

2010 CAMP REGISTRATION FORM

To register, complete this form and mail it along with your registration fee in the \$150.00 for each camp to:

AMUUSE, c/o Sharon Spencer, 336 Birchwood Ct., Vernon Hills, IL 60061

Make your check payable to AMUUSE. If attending multiple camps, registration fees can be included in one check. Check the applicable boxes below for each camp you wish to attend. **We would appreciate your early registration.**

- | | | | |
|--------------------------|----------------------|--------------------------|---------------------|
| <input type="checkbox"/> | Saug' In June | <input type="checkbox"/> | Saugatuck! |
| | Saugatuck, MI | | Saugatuck, MI |
| | June 13 - 19, 2010 | | August 8 - 14, 2010 |
| | 6 day/6 nights | | 6 days/ 6 nights |
| | Multiple Occupancy | | Multiple occupancy |
| | \$510.00 | | \$510.00 |

A little something extra for AMUUSE _____

Name: _____
(Exactly as you want it to appear in the Memory Book)

Name: _____
(Exactly as you want it to appear on your name tag, including last name)

Male Female Birthday (month/day) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email address: _____

Person to Contact in Case of Emergency: _____

Phone Number: _____

Cabin Preference:

(Every effort is made to assign you your first cabin preference, but it is not always possible)

Saug' In June cabin preference (*if any*): old **or** new **or**

(cabin name) _____

Saugatuck! cabin preference (*if any*): old **or** new **or**

(cabin name) _____

Check all boxes that apply to you:

Accessibility needs. If you have any physical condition that camp staff should be aware of when assigning cabins, etc., please explain

Do you have food allergies? Are you a vegetarian? Specify _____

This is my first AMUUSE camp.

I don't know anyone coming to AMUUSE camp.

Please assign a roommate for me, or I will room with _____

Please send me ___ more brochures to share with friends.

A succesful AMUUSE camp includes your participation:

List skills, talents, hobbies or interests to share with other campers

I play/will bring the following musical instrument(s) _____

I would be interested in participating in:

Athletic events (Specify) _____

Camp Show (Almost anything goes! Notice we didn't say "talent")

Coffeehouse (Music, poetry, storytelling, etc.)

I am interested in leading/coordinating the following afternoon workshop or activity: _____

Returning campers:

I would be interested in being a greeter for first-time campers.

RESTRICTIONS:

All camp buildings are smoke-free. Regulations do not allow pets or alcohol.

QUESTIONS?:

Contact Sharon Spencer at (847) 816-3356; ssamuuse@aol.com

(Be sure to include this page with your registration form)

For office use only: Single room option
Armt pd: _____ Ck No: _____ Postmark: _____