

2022

ODD FELLOW & REBEKAH CAMP OF MICHIGAN
TALL OAKS CAMP
7153 S Rebecca Rd Baldwin, MI 49304
Office Phone: (231) 898-2295
Cell: (231) 301- 3775



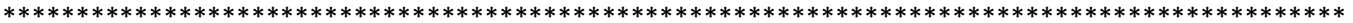
MAIL COMPLETED APPLICATION TO:
Tall Oaks Camp, C/O Susan Herron 44921 40th St. Paw Paw, MI 49079
OR: Scan and attach to info@talloakscamp.org
OR: Apply online after January 1, 2022 at www.talloakscampmi.org

The Odd Fellow and Rebekah Tall Oaks Camp of Michigan will not discriminate against any individual on the basis of age, ethnicity, gender, race, sexual orientation, religion or other social identity. The Tall Oaks Camp will make reasonable accommodations as able for physical or mental disabilities.



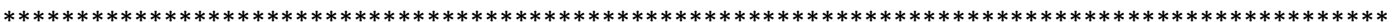
Camper Name (Print) _____
Male _____ Female _____ Date of Birth: Month _____ Day _____ Year _____
Address Street _____ City _____ State _____
Zip _____ County _____
Parent/Guardian Name _____ Phone _____
E-mail address for confirmation _____ Alternate Phone #* _____
Emergency Contact Name _____
Phone _____ Relationship _____
Persons camper may be released to _____
Requested Bunk Buddy: _____

*Alternate Phone # must be different than primary Parent/Guardian number and available to receive call in an emergency.

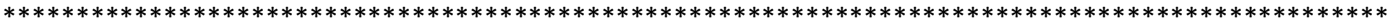


Does camper qualify for the School Food Program? No _____ Yes _____ **DHS Case #** _____

If Yes with DHS Case number, you will be sent a Summer Food Service Program Free Meals Family application to complete and return. If you feel you may also qualify based on family income, check yes but leave DHS Case # blank. Sue will contact you.



CAMP FEES: If family is participant of the DHS or Foster Program, \$30 Campership Registration Fee is offered. If not, the full camp fee is \$300 for full week sessions 1,3,4,5. \$200 for Session 2. A small processing fee will be required for online registrations and payments.



Register for a Session of your choice using the camper's **last grade completed**. All Sessions are coed.

SESSION	DATE	GRADE	
Session 1	_____ June 26- July 2	2 nd – 4 th	Encouraged for first time campers. Pick up 3-6 p.m.
Session 2	_____ July 6 -July 9	1 st – 3 rd	
Session 3	_____ July 10 -July 16	6 th – 8 th	
Session 4	_____ July 17-July 23	5 th – 7 th	
Session 5	_____ July 24-July 30	4 th – 6 th	

PLEASE APPLY BY JUNE 3, 2022

To register after this date, please contact Sue Herron @ (231) 301-3775 to make sure there is an opening!

Campership fee of \$30 or full camper fee of \$300 must be enclosed with the application, with check or money order made out to **Odd Fellow and Rebekah Camp of Michigan** to secure registration. Major credit cards accepted with online registrations.

I hereby consent to (Camper's Name) _____ attending the Odd Fellow & Rebekah Tall Oaks Camp of Michigan. I approve of the Camp Regulations and will not hold the I.O.O.F. of Michigan and/or its affiliates, responsible for any accidents or medical care beyond the First Aid treatment at Camp, or en-route. I allow the above named camper to participate in all camp activities. I also realize that my camper's picture or testimony may be used in the promotion of the Camp, unless within the Foster Care program. The applicant shall also act in accordance with Camp Regulations.

Signature of Parent/Guardian

Date

HEALTH HISTORY RECORD Allergies

(Bee stings, food, etc.) _____

Special considerations (physical, emotional, educational) _____

Current Medications to be dispensed? Yes _____ No _____

If yes, using a separate piece of paper, list all current medications showing frequency and dosage and attach to application. Medications must left in original pharmacy container at time of check-in.

I hereby give permission and medical consent to the Odd Fellow & Rebekah Camp of Michigan, which is licensed by the Michigan Department of Licensing and Regulatory Affairs, to provide routine, non-surgical medical care on the premises and to secure any needed emergency medical and/or surgical treatment for the above named camper while attending camp.

A copy of the insurance card that covers the camper must be attached to this application.

Signature of Parent/Guardian

Date

NOTE: We are trying something new this year. Camp sling pack packs will be given out instead of tee shirts. Shirts will be available for purchase.

OFFICE USE ONLY: Promotional

Medical Card _____ SFPS _____ DHS Case # _____ Paid _____