

# Camp Lael Winter Weekends 2025

## INFORMATION AND REGISTRATION FORM

Registration begins at 8:00pm on Friday night and the program begins at 8:30pm. Groups can arrive any time after 7:00pm. A Friday night snack will be served.

Campers must bring their own bedding and towel. All cabins and bath houses are heated. Plan for cold weather with a warm coat, boots, gloves and a hat for sledding. We have some equipment but it is best if you bring some sledding toys also.

The High School weekend and Family camp will end by 10:30am on Sunday morning and conclude with Worship. The 3-6 Grade weekend ends Saturday after supper at 6:00pm.

Plan to register early as we expect the weekends to fill (especially the High School weekend) The poster and this form will also be available at [www.camplael.com](http://www.camplael.com). There you will be able to reserve your spot or you can mail the form below to the camp. Each group attending needs to bring their own adult chaperones.

### Costs:

3-6 Grade weekend is \$55 for students and \$40 for adult chaperones.

Junior/Senior High weekend is \$75 for students and \$60 for chaperones.

Family Camp cost: Adults pay \$75, Kids 6-11 pay \$50, kids 5 and under are free. The family max for the weekend is \$285. Single parent families are welcome!

Visit our website for a camper emergency form if your church does not have their own form.

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## Camp Lael 2025 Winter Weekend Registration Form

Name of Church/Group/Family \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Reserve space for # \_\_\_ of males and # \_\_\_ of male sponsors.

Reserve space for # \_\_\_ of females and # \_\_\_ of female sponsors.

Reserve space for # \_\_\_ of people in Family.

Mail your registration form to: Camp Lael 2062 Ferns Road Lapeer, Michigan 48446  
or visit [www.camplael.com](http://www.camplael.com) to reserve your spot online.

PLEASE CIRCLE THE WEEKEND YOU WILL BE ATTENDING:

**February 14-15**  
**Junior Winter Weekend**

**February 21-23**  
**Jr./Sr. High Weekend**

**February 28-March 2**  
**Family Weekend**

**INDIVIDUAL  
MEDICAL CARE FORM  
WINTER WEEKENDS 2025**

Complete this form and return to your group leader accompanying you to the WINTER WEEKEND Please write so it can be read.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Sex: M F Grade \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

Name of Group Leader \_\_\_\_\_

Please explain here if there are any special medical, allergy, or physical needs that we should be aware of during the WINTER WEEKEND:

**I GIVE MY PERMISSION FOR MY FAMILY MEMBER LISTED ABOVE TO HAVE ROUTINE NON-SURGICAL MEDICAL TREATMENT AT THIS EVENT.**

Parent/Guardian \_\_\_\_\_  
Signature

Parent/Guardian printed name: \_\_\_\_\_

**PLEASE DO NOT MAIL THIS FORM TO THE CAMP. YOUR YOUTH LEADER OR ADULT CHAPERONE SHOULD HOLD ON TO THIS FORM DURING THE EVENT**