Club Sponsored Camper Form

Club Information

Club Name: _____

Club Contact Person: _____

Email: _____

Phone Number: _____

Camper Information

Camper Name: _____

Camper Birthdate: _____ Male/Female (Circle one)

Camp Week They Prefer (Select One):

	SURVIVAL SKILLS, OVERNIGHT CAMP | JUNE 14TH-19TH | AGES 9 TO 15
	ANGLING ADVENTURE, OVERNIGHT CAMP | JUNE 21ST-26TH | AGES 9 TO 15
	CEDAR LAKE TEASER, OVERNIGHT CAMP | JUNE 28TH-JULY 1ST | AGES 9 TO 12
	CONSERVATION CONNECTION, DAY CAMP | JULY 6TH-10TH | AGES 6 TO 11
	FISHING FRENZY, DAY CAMP | JULY 13TH-17TH | AGES 6 TO 11
	HUNTING HERITAGE SESSION 1, OVERNIGHT CAMP: JULY 19TH-24TH | AGES 13 TO 15
	HUTNING HERITAGE SESSION 2, OVERNIGHT CAMP | AUGUST 2ND-7TH | AGES 9 TO 12

Parent Name: _____

Parent Phone Number: _____

Parent Email: _____

*Payment is not required at time of submitting forms, however, please be aware that **ALL payments are due by MAY 15th, 2025. Additionally, there will be no refunds after this date.**

Mailing Address
ATTN: Camp
2101 Wood Street
Lansing, MI 48912

Camp Director Contact
Shannon Stover
(517) 346 - 6462
sstover@mucc.org
camp@mucc.org