

**34th Annual CCAM Beaver Camp Retreat
August 29 – September 1, 2025**

REGISTRATION FORM

**REGISTRATION FOR CCAM ATTENDERS OPENS SUNDAY, JULY 20th.
REGISTRATION FOR INVITED GUESTS OPENS SUNDAY, AUG 3rd.**

PLEASE NOTE... REGISTRATION CLOSES AUGUST 24th. No changes accepted after this date.

Reservations are held with a \$25 deposit. Total payment is due Sunday, August 24th.

Name: _____

Address: _____

Phone: _____ E-mail address: _____

Children (under 18yrs) names & ages:

1.) *Requested accommodation: _____ Prefer same as last year

___ Motel unit ___ White Pine ___ Eagles Nest ___ Loons Loft ___ Cedar ___ Scotch Pine ___ Juniper

___ Tamarack ___ Spruce ___ Oak ___ Hawks Haven ___ Red Pine ___ Hickory ___ Balsam (boathouse)

___ Tent ___ RV

2.) Please indicate: _____ Package 1 (full weekend – ends Monday after noon meal)
or _____ Package 2 (shortened weekend – ends Sunday after noon meal)

3.) Number of Adults _____ Youth 9-17 yrs _____ Children 8 yrs and under (free) _____

Family maximum rate applies to those that live in the same home, regardless of age.

4.) Ropes Course:

Half day session (mix of high and low elements) - included in the retreat package.

(indicate # of participants) _____

5.) Family total \$ _____ less deposit received \$ _____ = Balance due \$ _____

6.) I would be willing to pledge \$ _____, **IF NEEDED**, to assist a CCAM individual or family with the registration fee. This monetary gift will remain confidential, outside of the committee.

7.) I have room in my vehicle and can assist those with transportation needs. If yes, please check _____

8.) Dietary Considerations: _____

*Although we will do our best to accommodate your reservation request, there may be a need for flexibility so that we can accommodate lodging for all campers.