

Gaylord's premier original summer day camp



Summer 2017 Enrollment Form

Please take a few minutes to complete this registration form. Your input will help us in the planning process.

Camper's Name: _____ Camper's Age: _____

Camper's Address: _____

Days of Attendance: _____
(Example: Monday – Friday or any combination of two or more days. Preference is given to full time enrollees.)


Parent's Name: _____

Day Time Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Suggestions on the following activities:

	Camper Suggestions	Parent Suggestions
Field Trips	_____ _____	_____ _____
Guest Speakers	_____	_____
Interests	_____	_____
Favorite Sports	_____	_____
Favorite Games	_____	_____
Arts & Crafts	_____	_____
Other Interests	_____	_____

 I would like to serve on the Camp Sylvan Parent Advisory Committee: Yes _____ No _____
This committee will meet four times beginning in May and will assist with the improvement and evaluation of the camp.

 Please return this form as soon as possible along with \$15.00 non-refundable registration fee per child to secure your child's enrollment. Enrollment is based on a first come/first serve space available basis. Please do not send cash. A personal check made out to Treetops Resort should accompany this form and mail to:

Treetops Resort • Attention: Camp Sylvan 3962 Wilkinson Road • Gaylord, MI 49735
For questions on this application, please contact us by phone at 989-731-8459.