

ACA, Michigan Leadership Summit:  
Achieving Excellence

Thursday, January 28<sup>th</sup>, 2009  
10:00am-3:30pm  
Camp Rotary  
3201 South Clare Avenue, Clare, MI

**Registration Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Camp Name \_\_\_\_\_

Camp Affiliation: Organizational\_\_\_\_ Independent-for-profit\_\_\_\_ Independent-non-profit\_\_\_\_ Religious\_\_\_\_

Camp Type: Day\_\_\_\_ Resident\_\_\_\_ Both\_\_\_\_ Camp Status: Accredited Camp\_\_\_\_ Non-Accredited Camp\_\_\_\_

ACA Member \_\_\_\_\_ \$20.00 Non-ACA Member \_\_\_\_\_ \$35

**\*Registration fee includes lunch**

**\*\*Registrations will be accepted on-site**

Return registration and payment to: ACA, Michigan – PO Box 6177 – Grand Rapids, MI 49516  
Toll free: 877.823.0005 Fax: 616.588.6385 Email: [executive@aca-michigan.org](mailto:executive@aca-michigan.org)

**Payment**

Check payable to ACA Michigan       Credit Card (MasterCard/Visa only)

Credit Card #: \_\_\_\_\_

Type of Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_