

If you are interested in picking up an application for camp, please stop in at the Pathfinder Community Library. The Library is open Monday, Tuesday, Wednesday and Friday from 10 a.m. to 5 p.m. We are closed on Thursdays and Sundays. Saturdays we are open from 10 a.m. to 3 p.m.

Phone: 231-745-4010

Address:

812 Michigan Avenue, Baldwin, MI 49304



ATTENTION KIDS 2023 Summer Camp!

Come enjoy a week-long, overnight summer camping experience on Big Star Lake in Baldwin, Michigan. Boys and Girls that have completed grades 1st – 8th share in a fun-filled camping program designed for their age group. Activities include swimming, playing on the beach, Gaga pit, archery, Arts & Crafts, nature Trails, Campfires and much more! Register today! Brochures and applications available:

For more information call Camp Manager Patty VanDorne 231-301-3775 or visit www.ioofmichigan.com/about-camp



Summer Camp 2023

Register Today!

Odd Fellow and Rebekah Tall Oaks Camp

7153 S. Rebecca Road

Baldwin Mi, 49304

Come and share in a week-long, overnight summer camping experience on Big Star Lake in Baldwin, Michigan. Boys and Girls that have completed grades 1st – 8th share in a fun-filled camping program designed for their age group. Activities include beach front swimming, Gaga pit, archery, Arts & Crafts, nature Trail, Campfires and so much more!

2023 Tall Oaks Camp Youth Camp Schedule

Session	Dates	Has Completed Grades
Week 1	June 25 - July 1	2 nd – 4 th
Week 2	July 5 - July 8	1 st – 3 rd
Week 3	July 9 - July 15	6 th – 8 th
Week 4	July 16 - July 22	5 th – 7 th
Week 5	July 23 - July 29	4 rd – 6 th

Camperships are offered to qualifying families making it affordable for any and all children to attend. For more information:

- call Camp Manager Patty Van Doorne: 231.301.3775
- email request: info@talloakscampmi.org
- visit website: ioofmichigan.com/about-camp

Hope to hear from you all soon so your Kids can join us for a fun-filled week this summer at the Tall Oaks Camp!





ODD FELLOW & REBEKAH CAMP OF MICHIGAN
TALL OAKS CAMP
 7153 S Rebecca Rd Baldwin, MI 49304
 Office: (231) 898-2295 Cell: (231) 301- 3775
 website: iofmichigan.com/about-camp

2023 Camper
 Application

MAIL COMPLETED APPLICATION TO TALL OAKS CAMP AT ABOVE ADDRESS
C/O Patty Van Doorne, Camp Manager OR Scan application, attach to email info@talloakscampmi.org

The Odd Fellow and Rebekah Tall Oaks Camp of Michigan will not discriminate against any individual on the basis of age, ethnicity, gender, race, sexual orientation, religion or other social identity. The Tall Oaks Camp will make reasonable accommodations as we are able for physical or mental disabilities. Our camp has American Camp Association (ACA) accreditation.

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Camper Name (Print) _____

Male___ Female___ Date of Birth: Month_____ Day_____ Year _____ Last Grade Completed _____

Address Street _____ City _____

State _____ Zip Code _____ County _____

Parent/Guardian Name _____ Phone _____

E-mail for confirmation _____ Alternate Phone * _____

Emergency Contact Name _____

Phone _____ Relationship _____

Person(s) camper may be released to _____

Requested Bunk Buddy: _____

*Alternate Phone # must be different from the primary Parent/Guardian number and available to receive calls in an emergency.

Does camper qualify for the School Food Program? No _____ Yes _____ DHS Case # _____

If yes and DHS Case number is provided, you will be sent a Summer Food Service Program Free Meals Family application to complete and return. You may also qualify based on family income, if so, check yes and leave DHS Case number blank. We will contact you. If yes is checked, camper may then qualify to register for a campership.

CAMP FEES: \$300 for Full Week Sessions 1, 3, 4 and 5 \$200 for Partial Week Session 2

If a family is a participant of the DHS or Foster Care Program, Camperships are offered for a \$30 Registration Fee.

Register for a Session of your choice using the camper's **last grade completed**. All Sessions are coed.

SESSION	DATE	GRADE	
Session 1	_____ June 25- July 1	2 nd – 4 th	
Session 2	_____ July 5 -July 8	1 st – 3 rd	Encouraged for first time campers. Pick up 3-6 pm
Session 3	_____ July 9 -July 15	6 th – 8 th	
Session 4	_____ July 16-July 22	5 th – 7 th	
Session 5	_____ July 23-July 29	4 th – 6 th	

PLEASE APPLY BY JUNE 3, 2023

To register after this date, please contact Patty Van Doorne @ (231) 301-3775 to make sure there is an opening!

To secure registration Campership Registration fee of \$30 or applicable Camp fee of \$300/\$200 must be enclosed with application. Make check or money order payable to ODD FELLOW AND REBEKAH Camp of Michigan.

I hereby consent to (print Camper's Name) _____ attending the Odd Fellow and Rebekah Tall Oaks Camp of Michigan. I approve of the Camp Regulations and will not hold the I.O.O.F. of Michigan and/or its affiliates, responsible for any accidents or medical care beyond the First Aid treatment at Camp, or enroute. I agree to allow the above-named camper to participate in all camp activities. I also realize that my camper's picture or testimony may be used in the promotion of the Camp, unless within the Foster Care program. I understand the applicant shall also act in accordance with Camp Regulations.

Signature of Parent/Guardian

Date

HEALTH HISTORY RECORD

Allergies (Bee stings, food, etc.) _____

Special considerations (physical, emotional, educational) _____

Current Medications to be dispensed? Yes _____ No _____

If yes, using a separate piece of paper, list all current medications showing frequency and dosage and attach to application. Medications must be left in the original pharmacy container at time of check-in.

I hereby give permission and medical consent to the Odd Fellow & Rebekah Camp of Michigan, which is licensed by the Michigan Department of Licensing and Regulatory Affairs, to provide routine, non-surgical medical care on the premises and to secure any needed emergency medical and/or surgical treatment for the above-named camper while attending camp.

A copy of the insurance card that covers the camper must be submitted with this application.

Signature of Parent/Guardian

Date

Camper Tee Shirt Size: _____

OFFICE USE ONLY:

Medical Card _____ SFPS Form _____ DHS Case # _____ Paid _____