

Great Lakes Adventist Academy PO Box 68 Cedar Lake, MI 48812 Main Phone: (989) 427-4444 | Fax: (989) 427-5027 Email: glaa@glaa.net | Website: glaa.net

Academy Day Registration Form For April 21-22, 2024

(Complete one form per visiting student)

STUDENT GUESTS:

Student Name:			Male	Female
Mailing Address:	-			
City/State/Zip				
Home Phone:	Co	ell Phone: _		
Current School:	ent School: Current Gra			
ACCOMPANYIN	NG PARENT/ADULT SPONSOR:			
Adult Name:				
Mailing Address:				
City/State/Zip				
Home Phone:	Cell Phone:			
Do you plan to find	d your own housing OFF CAMPUS: Yes \Box		No□	
IN CASE OF EME	ERGENCY, where do you plan to stay? How	can we rea	ch you?	
I'm staying at				
	r is			
Would you like us	to arrange housing for you in one of our cabi	ins at no ch	arge to you	?: Yes□ No□
If you plan on stay	ing in a cabin, who is staying with you:			
	Spouse?	<u>.</u>		
	Friend?			
	Young Children?			
	Other?			

Remember, there is a \$20 refundable deposit for a cabin key. If you're staying in a cabin, bring your own bedding and towels. If you have questions, call Tracy Morgan at (989) 427-2460.