

Registration Form Summer 2016

Name _____
Date _____ Event _____
Office use only

Please complete a separate form for each camper (this includes Little Lambs/Sheep Camp)

Camper Name _____ Birth Date ____/____/____ Age: _____
Address _____ City _____ St _____ Zip _____ - _____
Home Phone: _____ Cell Phone _____ Work Phone _____
Grade completed in Spring of 2015 _____ Male Female (Please Check One)
Home Church Name _____ City _____
E-Mail _____ Parent/Guardian Name: _____
(e-mail used for confirmation)

Event Information

Camp Title: _____ Camp Dates: _____
Cabin Mate 1: _____ Cabin Mate 2: _____
Camp Fees:

Camp Registration Fee:	(see program description)	\$ _____
Prepaid Canteen: This will be available to your camper		\$ _____
Optional Horseback riding activity (\$20) (Some camps include riding)		\$ _____
Total Fees and Canteen		\$ _____
Less: Gift Certificate or congregation payment		\$ _____
Deposit: see program description or pay in full		\$ _____
Balance Due upon arrival at camp or in payments		\$ _____

Check enclosed Please charge my: Visa Mastercard Discover

Make Check payable to: Lutheran Island Camp and mail with registration to 45011 230th St, Henning, MN 56551

Credit Card Information: # _____ Exp. Date: ____/____

Name on card: _____ CVC # _____ (3-digit number on back of card)

Please Note: An electronic receipt will be e-mailed to you upon receipt of your registration. If you do not have an email address on this registration all forms will be mailed to you.

A separate health history and permissions form will be emailed (or mailed) to you approximately 4 weeks prior to your child coming to camp. This is so that we can have the most current information possible. These forms are also available on our website.