

2017 Family Registration Form

(Type in your information, save, then e-mail, mail or fax to Lutheran Island Camp)

Household Name: _____

Address: _____ City _____ St. ____ Zip _____ - _____

Telephone: _____ Cell: _____

Email: _____ (to send correspondence to)

Event Registering for: _____ Dates: _____

Head of Household Name: _____ Rate \$ _____

Spouse Name: _____ \$ _____

Child Name: _____ birth date ____/____/____ \$ _____

Child Name: _____ birth date ____/____/____ \$ _____

Child Name: _____ birth date ____/____/____ \$ _____

Child Name: _____ birth date ____/____/____ \$ _____

Child Name: _____ birth date ____/____/____ \$ _____

Total Cost before discounts: \$ _____

Discounts allowed: (see brochure or website) less \$ _____

Total due: \$ _____

Deposit amount: (See program description) \$ _____

Check enclosed or

Credit Card: Name on Card: _____

Visa Master card Discover AE

_____ expiration date ____/____

Please send Family Event information to these family and friends:

Name: _____

Address: _____

City: _____ St: ____ Zip: _____

Name: _____

Address: _____

City: _____ St: ____ Zip: _____