

WINTER YOUTH CAMP

March 2-4

REGISTRATION

(Please complete a separate registration for each camper)

ALL PAPERWORK DUE BY DEC. 20TH

Camper Last Name: _____ First Name: _____
Address: _____ P.O.Box: _____
City: _____ State: _____ Zip Code: _____
Birth Date: _____ 2009-2010 Grade Level*: _____ Sex: M/F _____

*All grade levels are based on the grade they are currently in!!!

Home Church: _____ Home Church City/State: _____

Parent/Legal Guardian Last Name: _____ First Name _____

Address: (if different from above) _____ P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Family Email: _____

ROOMMATE CHOICE

Roommates must mutually choose each other and simultaneously submit registrations. Requests for more than one roommate will NOT be considered.

Name of Roommate

Special Needs

- Please check here if your child has physical, emotional, or cognitive special needs. You will be contacted in order to arrange accommodations. If any special needs arise after the completion of this form (injuries, etc.) that hinder participation in any activities you are required to contact us before your child's week at camp.

Please list special needs: _____

Registration Information

- I will download my registration information package from www.campluther.com and receive nothing via mail.
 I would like to receive my registration information package via regular mail.

Camperships

- Please send me a campership application form.
 Please contact me about potential family discounts for households of three or more (\$1,000 family maximum).

Payment Options

- Check
 Credit Card (Visa, MasterCard, Discover) Account Number: _____
Expiration Date: _____ Validation Code: _____ Amount: _____
 "Every Kid to Camp" Campership Certificate #: _____

PARENT/GUARDIAN'S RESPONSIBILITIES

I agree with the policies, goals, and programs of Camp Luther and hereby give my child permission to participate in the programs and activities of the camp. I have read the cancellation policy and agree to the provisions contained in it. By completing this form I grant Camp Luther the use of my child's likeness in promotional material.

Parent/Guardian Signature _____

- Register by mail or fax (715.546.2396)
 You may register online through a secure server at www.campluther.com. Credit card information must accompany each electronic registration.