

MAIL COMPLETED FORMS TO:
Green Lake Lutheran Ministries
9916 Lake Ave. S. • Spicer, MN 56288

Family Camp Registration

Adult #1 Name _____
Adult #2 Name _____
Child Name _____ Age _____ Home Phone (____) _____
Child Name _____ Age _____ Cell Phone (____) _____
Child Name _____ Age _____ Email _____
Child Name _____ Age _____
Address _____
City _____ State _____ Zip _____
Church (no abbreviations please) _____ City _____
Family Camp Dates _____ Is your family eligible for the First Time Family Discount (\$100)?
Yes No

SPECIAL NEEDS—please describe below so we can accommodate those needs while at camp.

Dietary _____
Health _____
Emotional _____
Allergies _____
Other _____

PERMISSIONS

Please check all that apply.

_____ I give permission for my family and myself to take part in all camp activities under supervision, and I agree that the camp or its personnel will not be held responsible for accidents arising there from.
_____ I give permission to transport my child, myself or family for camp/retreat programs and emergencies.
_____ I give permission for the use of photographs, video, audio, and electronic images including my child, family, or myself in camp promotions.

Signature _____ Date _____

PAYMENT _____ Check/Money Order _____ Visa _____ MasterCard _____ Discover
_____ Full Payment _____ Deposit Only

*The full amount of the camp fee will be charged to the credit card unless otherwise directed.

Name as it appears on the card _____
Card number _____ Exp. Date _____
Signature _____

Cancellations received 30 days before the camper arrival date will receive a full refund minus a \$50 administration fee. All other cancellations are non-refundable. Exceptions may be made in the event of family emergencies.

OFFICE USE ONLY—Week _____ Prog _____ Pre-Paid _____ CIN _____