

Youth Camp Registration



Please complete and mail to:
Green Lake Lutheran Ministries
9916 Lake Avenue South
Spicer, MN 56288

Camper Information:

Camper's Name _____
Gender _____ Age _____ Birthdate _____
Grade Completed (after May 2018) _____
Parent(s)/Guardian(s) _____
Address _____
City _____ State _____ Zip Code _____
Home Phone (____) _____ Cell Phone (____) _____
Parent/Guardian Email _____
Church and City (no abbreviations please) _____

Program Information:

Camp Program _____
Camp Dates _____
Sibling Discount? YES or NO
Sibling's Name(s) _____

We will do our best to accommodate 2 roommate requests for campers in the same grade.

Roommate Request #1 _____

Roommate Request #2 _____

Special Needs - please describe below so that we can best accommodate those needs while at camp:

Dietary _____
Health _____
Emotional _____
Allergies _____
Other _____

Permissions:

Please check all that apply.

My child has permission to take part in all camp activities under supervision, and I agree that the camp and/or its personnel will not be held responsible for accidents arising therefrom.

I give permission to transport my child for camp/retreat programs and emergencies.

I give permission for the use of photographs, videos, audio and electronic images including my child in camp promotions.

Parent/Guardian's signature _____
Date _____

Payment Options (please check your preferences):

Tier options: Tier 1 (45% annual fund supported)
 Tier 2 (25% annual fund supported)
 Tier 3 (the true value of camp)

I would like to pay: Full payment Deposit only (\$150)

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

I will be paying by: Check/Money Order Visa
 Mastercard Discover

Name on the card _____

Card number _____

Exp. Date _____

3-digit number on the back _____

Signature _____