

camp registration

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

Camper Information:

Camper's Name _____ Gender _____
Age _____ Birth Date _____ Grade Completed after May 2020 _____
Parents(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 program:

Special Needs:

 please describe so that we can best accommodate your camper's needs while at camp.

Allergies _____
Dietary _____
Emotional _____
Health _____
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 programs and emergencies.
 I give permission for the use of photographs, videos, audio, and electronic images including my child in camp promotions.

Parent/Guardian 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 (\$125) * The full camp fee will be charged to the credit card unless otherwise directed.

I will be paying by: Check/Money Order Cash Credit Card (Visa, Mastercard, Discover)

Name on the card _____
Card Number _____ Exp Date _____
Security code _____ Signature _____ Date _____