

2025 SUMMER CAMP REGISTRATION

~Online registration is also available at GLLM.org~

Please complete all fields and mail to:

Green Lake Lutheran Ministries, 9916 Lake Avenue South, Spicer, MN 56288

CAMPER INFORMATION

Camper Name _____

Pronouns _____ Gender _____

Age _____ Birth Date _____

Grade completed May 2025 _____ T-Shirt Size _____

Parent(s)/Guardian(s) _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Phone Number 1 (_____) _____

Parent/Guardian Phone Number 2 (_____) _____

Parent/Guardian Email _____

Church and City (no abbreviations please) _____

PROGRAM INFORMATION

Camp Program _____

Week _____ Second Choice _____

Sibling Discount? No Yes - Sibling's Name(s) _____

Roommate requests (must be in the same program) _____

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 it's personnel will not be 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 _____

PAYMENT OPTIONS *Please check your preferences.*

Fee Levels: Supported Fee (Subsidized by Donations) Full Fee (True Cost of Camp)

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

I will be paying by: Check Cash Credit Card Applied for Scholarship

CREDIT CARD

Name on Credit Card _____

Card Number _____ Exp Date _____

Security Code _____ Signature _____