



FAMILY REGISTRATION PROGRAMMED RETREAT

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

FAMILY INFORMATION

Family Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Church and City (no abbreviations please) _____

Family Members Attending (include name, pronouns, gender, birthdate, grade, allergies/dietary needs)

PROGRAM INFORMATION

Camp Program & Dates _____

PERMISSIONS

- I give permission for the use of photographs, videos, audio, and electronic images including family members in camp promotions.

Signature _____

PAYMENT OPTIONS

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 _____