



LUTHERAN OUTDOOR MINISTRIES INDIANA-KENTUCKY
 5215 N 450 W • ANGOLA, IN 46703 • (260) 667-7750

Summer Program REGISTRATION Form

Name: _____ Sex: M F Birthdate: ____/____/____
 Address: _____ Entering Grade: _____
 City: _____ State: _____ Zip: _____ Email*: _____
 Phone: _____ Home Congregation: _____ City _____

*Please provide a valid email address, as we send registration confirmation and information packet to you electronically.

Lake Luther Lutherwald Lutheran Hills

Camp Program Attending: _____
 (Be sure program chosen is for the grade camper will be entering in the fall)

Week Attending: _____ **2nd Choice:** _____

Buddy Request: _____

CAMP FEE CALCULATION	
1. Total program fee	\$ _____
2. 2 nd child discount	- _____
3. Total amount due	= _____
4. Amount congregation pays	- _____
5. Deposit or amount paid now	- _____
6. Balance owed by family	= _____
Voluntary Donation*	\$ _____

In signing this application, I give permission for use of photographs including my son or daughter in camp publicity. I waive the right to inspect or approve any photo used for such purposes.

 Parent Signature Parent Name (Please Print) Pastor's Signature*:

* Required if congregation makes partial or full payment

TO REGISTER: Mail one completed form per camper and a \$50 deposit per camper to Lutheran Outdoor Ministries, 5215 N 450 W, Angola IN 46703. Make checks payable to "Lutheran Outdoor Ministries." The deposit is a part of the total cost.

SECOND CHILD DISCOUNT. Discount \$50 for each additional child from the same family in the same week or later week. Please indicate name of first child attending and session if forms are not sent in together.

BUDDY REQUEST. Campers of the same age and grade are assigned to cabin groups. Campers may request one friend to be with them in a cabin. If these requests are for the same age/grade and are mutual, we will try to honor them.

FINANCIAL ASSISTANCE. Lutheran Outdoor Ministries-Indiana/Kentucky works with congregations to ensure that no child is denied a camp experience due to financial hardship. Contact us by email at lom-ik@juno.com or by phone at (260) 667-7750.

REFUND POLICY. A deposit of \$50 or full payment must be received with the completed registration form. The deposit refundable upon written request at least 3 weeks prior to the camp week.

PRE-CAMP INFORMATION VIA EMAIL. Soon after receipt of registration and deposit, you will receive a packet of information at your email address which includes: confirmation of your week and deposit received, a checklist of what to bring to camp, when the camp session starts and ends, health form and directions to camp. You can also download maps, camp checklist, and health form at www.lomik.org

VOLUNTARY DONATION. Your gift helps pay for Reading Camp and camper scholarships.