

Summer Camp REGISTRATION Form

(DO NOT USE IF REGISTERING ONLINE)

Name:		Gender: M	F Birthdate://
Preferred Name:		T-shirt size S	M L Adult S M L XL
Address:			Current Grade (as of today):
City:	State:	Zip:	Phone:
Parent Name		Parent Email*:	
Home Congregation:			ss for the parent or legal guardian of the camper City
Lake Luther Camp Program Attend			Lutheran Hills
(Be sure program chos			_
Week Attending:			
Total Camp Fee: \$			
Does your church pay a	any of the cam	p fee? Y N	
(Your give helps pay fo			- -
Parent Signature			
Parent Name (Please pri	nt)		
Pastor's Signature* * Required if congregat	ion makes pa	rtial or full paym	ent
			mper to Lutheran Outdoor Ministries, 5215 N "The deposit is non-refundable, but is a part of
			n groups. Campers may request one friend to utual, 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 info@lomik.org 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 payment less the deposit is refundable upon written request at least 3 weeks prior to the camp week.

DISCOUNTS. All discounts will be calculated prior to sending statement of camper balance.

OUR MISSION: Lutheran Outdoor Ministries Indiana-Kentucky (LOMIK) welcomes all and provides Christ-centered programs for building faith and life-long relationships in a safe, caring, and fun environment.