



**LUTHERAN
OUTDOOR
MINISTRIES
INDIANA-
KENTUCKY**

Website: www.lomik.org
Email: info@lomik.org

Rev. Mark Radloff, Director
Phone: 260.667-7750



**SEND THIS
COMPLETED FORM
AND DEPOSIT TO:**

LUTHERWALD

2065 W State Road 120
Howe IN 46746-9425

Don Bernard, Manager
Camp Phone: 260.562-2102
Cell Phone: 260.466-7722
Email: don@lomik.org

APPLICATION FOR USE - LUTHERWALD

Name of Group _____

Congregation _____

City/Town _____

Program Planned _____

Dates: From _____, time _____ To _____, time _____
M/DD/YY ETA M/DD/YY ETD

Group Total (Adults____Youth____Children____)

Our group has insurance coverage: Yes No

LODGING

Check which accommodations you desire to reserve

_____ Kempski Retreat Center (number of rooms requested)

_____ Linen service
(pillow with case, sheets, blanket, towels, washcloth and soap)

_____ DVD/VCR _____ Time(s)

_____ Cabins (Not available June-August)

_____ Tent/RV sites (limited sites)

We understand that due to health and safety issues, pets are not permitted in any buildings or on the beach.

MEETING & MEAL ARRANGEMENTS

Hanes Lodge Kitchen Usage (to prepare your own meals and snacks)

Meal Service (call 260.562.2102 with exact count 2 weeks prior to event)

Breakfast Day(s)/Time _____

Brunch Day(s)/Time _____

Lunch Day(s)/Time _____

Supper Day(s)/Time _____

Snack Day(s)/Time _____

Coffee/Tea Day(s)/Time _____

One Day Meeting: Hanes Lodge ~ OR ~ Kempski RC

Group picnic/hiking/fishing Waterfront usage (May-Sep)

REGISTRATION PROCEDURES

1. A confirmed reservation will require a minimum deposit of \$100 returned to Lutherwald (2065 W. State Rd. 120, Howe IN 46746). Note: Minimum fee for Kempiski Retreat Center--\$300 per night.
2. Cancellation with less than 6 (six) weeks notice will result in forfeiture of \$100 deposit. Cancellation notice should be given to Don Bernard, Lutherwald Manager (260) 466-7722.
3. Requests for food service should be made at time of reservation with a confirmed meal count no less than 2 (two) weeks in advance to Don Bernard, Lutherwald Manager. The minimum food service charge will be based on that count. The minimum charge for any one meal is \$80.00.
4. Requests for waterfront usage require a completed Waterfront Policy form.
5. Your deposit will be credited to the total amount due for the event unless there are damage charges. If there has been damage, your deposit will be held to cover the repair cost with any additional expense billed to your group. Any credit will be refunded.
6. The balance due on any event is payable to the Resident Manager BEFORE YOU LEAVE CAMP.

FEES ARE SUBJECT TO CHANGE WITHIN SIX MONTHS OF THE EVENT

AGREEMENT

WE AGREE TO:

1. Check in with Resident Manager upon arrival - and to pay balance due at checkout.
2. Be responsible for the behavior of our group, not to use alcohol or illegal drugs, and to report any property damage to the Resident Manager immediately.
3. Furnish the following: 1) one adult leader (21 years or older) for each six (6) boys or girls in attendance AND HAVE AN ADULT SLEEPING IN EACH AREA of boys/girls; 2) an adult certified in First Aid/CPR to be on duty for emergency care; 3) a certified lifeguard to manage your group's lake activities; and 4) first aid supplies and emergency transportation to medical care facility, if needed.
4. Check out with Resident Manger prior to departure and do our best to leave camp better than we found it.
5. Have following information on each group member: name, address, phone number, emergency contact names and phone numbers, listing of any known allergies or health conditions or restrictions, insurance information, and (for minors) signed permission to seek emergency medical treatment. Provide a written report of any incidents, injuries or accidents that occur during our stay.

WE FURTHER AGREE to have an **On-Site Coordinator** who is responsible for group behavior and will provide overall leadership--supervision of first aid, emergency care, emergency transportation, any specialized recreation activities—and will receive orientation from the camp's Resident Manager of camp rules and safety regulations. Our group members agree to abide by the rules provided by the camp. Our congregation/organization has approved the program to be carried out by this group.

On-site Coordinator Name _____ **Cell Phone** _____

Signature _____ Your Printed Name _____

Address _____
Street City State Zip

Home phone _____ Cell phone (_____) _____

I request a confirmation of this application by email.

E-mail Address _____