



# LUTHERAN OUTDOOR MINISTRIES INDIANA- KENTUCKY

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

## LUTHERAN HILLS

6371 N Bear Creek Rd  
Morgantown IN 46160-9060

Samantha Roberts, Manager  
Phone: 812.988-2519  
[sam@lomik.org](mailto:sam@lomik.org)

## APPLICATION FOR USE - LUTHERAN HILLS

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

\_\_\_\_\_ Shedron Lodge

\_\_\_\_\_ Rex House

\_\_\_\_\_ Guest House

\_\_\_\_\_ Cabins

\_\_\_\_\_ Tent/RV sites (May-October)

\_\_\_\_\_ DVD/VCR \_\_\_\_\_ Time(s)

### MEETING & MEAL ARRANGEMENTS

Wick Hall Kitchen Usage (to prepare your own meals and snacks)

Meal Service (call 812.988.2519 with exact count 2 weeks prior to event)

Breakfast Day(s)/Time \_\_\_\_\_

Lunch Day(s)/Time \_\_\_\_\_

Supper Day(s)/Time \_\_\_\_\_

Snack Day(s)/Time \_\_\_\_\_

Coffee/Tea Day(s)/Time \_\_\_\_\_

One Day Meeting: Wick Hall ~ OR ~ Shedron Lodge  
Rex House ~ OR ~ Guest House

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

# REGISTRATION PROCEDURES

1. A confirmed reservation will require a minimum \$100 deposit returned to Lutheran Hills (6371 N. Bear Creek Road, Morgantown IN 46160).
2. Cancellation of less than 6 (six) weeks notice will result in forfeiture of \$100 of deposit. Cancellation notice should be given to Dave Deckard, Lutheran Hills Resident Manager via phone: 812.988-2519.
3. Requests for food service should be made at time of reservation with a confirmed people count no less than 2 (two) weeks in advance to the Resident Manager. The minimum food service charge will be based on that count. The minimum charge for any one meal is \$100.00
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.

FEEES 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 pool and waterfront 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 \_\_\_\_\_