

Have you attended one of our camps in previous years?

Grade completed 6/10 _____

Male Female

Camper Name: _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) _____

Home #: _____ Cell #: _____

Parent Email: _____ Birthdate: _____ / _____ / _____

Church: _____ City: _____ Cabin Buddy (1): _____

I have read the camp traditions in this brochure and agree to follow them. I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization. I consent to the use of photographs of my child in camp publications.

NOTE: If your child will be released early or picked up by someone other than custodial parent/guardian at the end of a session, a Pickup/Release authorization must be completed prior to the pickup. Call (715) 268.8434 for instructions.

Signatures Required

Camper Signature: _____ Date: _____ Parent Signature: _____ Date: _____

Registration, Health History, & Non-refundable/Non-transferable \$100 Deposit are due by March 15, 2010

(Please follow registration procedures as outlined by your youth director or camp coordinator.)

..... Registrar Use Only..... MC Visa Discover Amount \$ _____

Total Due \$ _____ Deposit \$ _____ Credit Card # _____

2010 Camp Registration

Dates Attending: _____

Wilderness <input type="checkbox"/>
Wapo <input type="checkbox"/> Seeds <input type="checkbox"/> Youth <input type="checkbox"/> Fishing
Ox Lake <input type="checkbox"/> Village <input type="checkbox"/> Horse <input type="checkbox"/> TIM Team Journey: <input type="checkbox"/> Cross <input type="checkbox"/> Heart <input type="checkbox"/> Running
Luther Dell <input type="checkbox"/> Youth <input type="checkbox"/> Roots <input type="checkbox"/> Fishing