REGISTRATION FORM

In 1 2 3 easy steps

1 REGISTER CAMPER

For all children and youth programs

Camper last name: _____

Camper first name: _____

Current grade ('09/'10): _____

Birthdate: _____ / _____ / _____

Sex (circle one): M F

Parent(s)/Guardian(s): _____

Program name: 1st choice: _____

Alternate choice: _____

Optional Choices

Roommate preferences: 1st: _____

2nd: _____

Counselor preference: _____

2 COMPLETE CONTACT INFO

Address: _____

City/State: _____ /____

State: _____

Zip Code: _____

Phone: (_____) _____

Email: _____

Home church: _____

Church city/state: _____ /____

3 MAKE PAYMENT

CHECK

Check #: _____

Total enclosed: _____

CREDIT CARD

Amount to be charged: _____

Card number: _____

Expiration date: _____ / _____ / _____

Name on card: _____

Cardholder signature: _____

❑ Check here to request financial aid.

Please mail registration form and payment to:

Camp Lutherhaven, 1596 S. 150 W., Albion, IN 46701