

FAMILY REGISTRATION FORM

In
1 2 3
easy steps

REGISTER FAMILY

For Family, Father/Son, Mother/Daughter, and Kindercamp

1

Participants' names	M or F	Birthdates
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____
_____	_____	____ / ____ / ____

Camp Program Desired: _____

Housing preferences: 1st: _____

2nd: _____

Roommate preference: (for F/S or M/D): _____

COMPLETE CONTACT INFO

2

Address: _____

City/State: _____ / _____

State: _____

Zip Code: _____

Phone: (____) _____

Email: _____

Home church: _____

Church city/state: _____ / _____

MAKE PAYMENT

3

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