



**Lutheran  
Outdoor  
Ministries  
Indiana-  
Kentucky**

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Rev. Steve Flynn, Director  
Phone: 260.667-7750



**Lake Luther**

5215 N 450 W  
Angola IN 46703-8413

Phone: 260.667-7750  
Contact: **Rev. Steve Flynn**  
Email: [steve@lomik.org](mailto:steve@lomik.org)

**Application for Use -- Lake Luther**

Name of Group \_\_\_\_\_

Congregation \_\_\_\_\_

City/Town \_\_\_\_\_

Program Planned \_\_\_\_\_

Dates: From \_\_\_\_\_, time \_\_\_\_\_ to \_\_\_\_\_, time \_\_\_\_\_  
M/DD/YY ETA M/DD/YY ETD

Group Total (est.) \_\_\_\_\_ (Adults \_\_\_\_\_ Youth \_\_\_\_\_ Children \_\_\_\_\_)

Our group has insurance coverage:  Yes  No

**Lodging**

Check which accommodations you desire to reserve

\_\_\_\_\_ Cabins (Heated ~ not available June 1-August 5)

\_\_\_\_\_ Tent/RV sites

**Meeting & Meal Arrangements**

Hagen Center Kitchen Usage (to prepare your own meals and snacks)

Meal Service (call 260.667-7750 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 at the Hagen Center

Group picnic/hiking/fishing

Waterfront usage (May-Sep)

# DEPOSIT PROCEDURES

1. A confirmed reservation will require a \$100 deposit returned to Lake Luther (5215 N 450 W, Angola IN 46703) with completed Application for Use form.
2. Cancellation of less than 6 (six) weeks notice will result in forfeiture of the deposit. Cancellation notice should be given to Lake Luther via phone (260.667-7750).
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. 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**.  
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, no smoking in the buildings or at the beach, discrete use of alcohol permitted at your campsite for those of legal age, 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 A MINIMUM OF 2 MALE ADULTS/2 FEMALE ADULTS SLEEPING IN EACH CABIN 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, including not bringing on site anything that could be construed as a weapon. 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 \_\_\_\_\_