

Lutheran Outdoor Ministries Indiana-Kentucky

Website: www.lomik.org Email: joanne@lomik.org Phone: (260) 316-2709
5215 N 450 W, Angola, IN 46703



Application for Use of Lake Luther

Contact

Name of Group _____

Contact Name _____ Cell Phone _____

Address _____
Street City State Zip

Alternate phone (_____) _____

E-mail Address _____

Event Type _____

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

Group Totals (Adults ___ Youth ___ Children ___)

Our group has insurance coverage: Yes No

Lodging

 Check which accommodations you desire to reserve

_____ Cabins (Not available June 1-August 5) Deposit Paid _____ (office use)

_____ Tents/RV sites Date _____ (office use)

Meeting & Meal Arrangements

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

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

Breakfast Day(s)/Time _____

Brunch Day(s)/Time _____

Lunch Day(s)/Time _____

Supper Day(s)/Time _____

Snack Day(s)/Time _____

Coffee/Tea Day(s)/Time _____

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

Manager. The minimum food service charge will be based on that count. The minimum charge for any one meal is \$120.00.

One Day Meeting: Hagen Center

REGISTRATION PROCEDURES

1. \$100 deposit must accompany the completed application to finalize the registration. Send to Lake Luther (5215 N 450 W, Angola IN 46703)..
2. Cancellation with less than 6 (six) weeks notice will result in forfeiture of \$100 deposit. Cancellation notice should be emailed to joanne@lomik.org or a call placed to the (260) 316-2709.
3. Requests for meal service should be made at time of reservation (see previous page).
4. 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. . **DEPOSITS WILL NOT BE ROLLED OVER TO FUTURE RESERVATIONS.**
5. The balance due on any event is payable to the Resident Manager BEFORE YOU LEAVE CAMP. Unless prior arrangements have been made to be invoiced by the LOMIK bookkeeper. FEES ARE SUBJECT TO CHANGE.

AGREEMENT

1. We agree to have a **Contact** who is responsible for group behavior and will provide overall leadership: 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 to be on duty for first aid and emergency care; 3) an adult to manage your group's pool and waterfront activities; and 4) emergency transportation to medical care facility, if needed.
2. We agree to check in with Property Manager and received orientation to site and camp rules.
3. We agree to be responsible for the behavior of the group. Discreet use of alcohol is permitted in the building for those of legal age. No smoking inside the buildings or on the beach. Nothing that could be construed as a weapon is allowed on site. Pets are NOT permitted in any buildings or on the beach.
4. We agree to any group using camp watercraft, personal watercraft or wishing to swim must review posted safety rules. Life jackets must be worn by all watercraft users. *Proper adult supervision is required at all times. Each group will assume responsibility for their own members during waterfront times as the camp cannot provide any lifeguard personnel. No lake swimming after dark.

*LOMIK recommends that "proper adult supervision" be a certified lifeguard with current certification from a nationally recognized training provider (e.g. American red Cross, YMCA) who also holds certification in First Aid (with training on blood-borne pathogens) and age-appropriate CPR (with training in use of AED and breathing devices). **If in the opinion of camp management, there is insufficient or inadequate adult supervision, the group's privilege of using the waterfront may be suspended immediately.**

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.
6. Report any property damage to the Property Manager immediately. Check out with Property Manger prior to departure and leave camp in good condition, pay balance at checkout unless prior arrangements made to be invoiced by bookkeeper.

Signature _____ Your Printed Name _____

Name of Group _____