

Summer Camp REGISTRATION Form

(DO NOT USE IF REGISTERING ONLINE)

Name:	Gender: M F Birthdate://
Preferred Name:	_ T-shirt size S M L Adult S M L XL
Address:	Current Grade (as of today):
City:State:	Zip: Phone:
Parent Name	Parent Email*:
	vide a valid email address for the parent or legal guardian of the camper. City
Camp Program Attending:	erwald Lutheran Hills
(Be sure program chosen is for the gra	ide camper will be entering in the fall)
Week Attending:	
Voluntary Donation \$(Your give helps pay for camp and cam	fee? Y N Amount \$
Parent Signature	
Parent Name (Please print)	
Pastor's Signature* * Required if congregation makes part	tial or full payment
450 W, Angola IN 46703. Make checks payable to "Luther the total cost. BUDDY REQUEST. Campers of the same age and grad be with them in a cabin. If these requests are for the sam FINANCIAL ASSISTANCE. Lutheran Outdoor Ministri is denied a camp experience due to financial hardship. Co	ies-Indiana/Kentucky works with congregations to ensure that no child Contact us by email at info@lomik.org or by phone at (260) 667-7750. ust be received with the completed registration form. The payment

OUR MISSION: Lutheran Outdoor Ministries Indiana-Kentucky (LOMIK) welcomes all and provides Christ-centered programs for building faith and life-long relationships in a safe, caring, and fun environment.

DISCOUNTS. All discounts will be calculated prior to sending statement of camper balance.