

Summer Camp REGISTRATION Form

(DO NOT USE IF REGISTERING ONLINE)

Name:		Gender: M 🗌	F Birthdate://
Preferred Name:		Current Grade (as of today):	
Address:			
City:	_State:	_Zip:	Phone:
Parent Name	Parent Email*:		
Home Congregation:			ss for the parent or legal guardian of the camper. City
Lake Luther Lutherwald Lutheran Hills Camp Program Attending:			
Dates Attending:			
Total Camp Fee: \$			
			ent
Ministries, 5215 N 450 W, Angola IN 4670 "LOMIK". The deposit is non-refundable, B BUDDY REQUEST. Campers of the sam be with them in a cabin. If these requests FINANCIAL ASSISTANCE. Lutheran C is denied a camp experience due to finance	D3. Make checks but is a part of th ne age and grade are for the same Dutdoor Ministries cial hardship. Cor full payment mus <u>en</u> request at least	payable to "Lutheran C e total cost. are assigned to cabin age/grade and are mu s-Indiana/Kentucky wo ntact Chris at info@lon at be received with the t 3 weeks prior to the o	groups. Campers may request one friend to utual, we will try to honor them. orks with congregations to ensure that no child nik.org or by phone at (574) 370–1622. 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.