

# SUMMER CAMP REGISTRATION FORM

Lakeshore Center at Okoboji

1864 Hwy 86—Milford, IA 51351

Phone: 712-337-3313

Fax: 712-337-010



Camper's Name \_\_\_\_\_

Grade Completed \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Camper's T-Shirt Size (circle one): 4T YS YM YL AS AM AL AXL AXXL Other: \_\_\_\_\_

Address \_\_\_\_\_

(street)

(city)

(state)

(zip)

Home Telephone \_\_\_\_\_ Home Email \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_

Other Guardian \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Camper's Church (If applicable) \_\_\_\_\_  
(Church Name, City, presbytery if applicable)

It is our philosophy that camp provides a unique opportunity for your camper to be in a fresh environment and to make new friends. Therefore, cabin-mate requests are discouraged. If you feel that a cabin-mate request is necessary, your camper and their desired cabin-mate MUST REQUEST EACHOTHER. Requests made outside of the registration form will not be granted. We do our best to honor cabin-mate requests, but they ARE NOT GUARENTEES, and may not be granted for a number of reasons. Honored requests do not guarantee same room or bunkbed.

Cabin-mate Request \_\_\_\_\_ Cabin-mate Church/City \_\_\_\_\_

## Program registration:

First Choice Camp Session Name \_\_\_\_\_ Dates \_\_\_\_\_ Total cost: \$ \_\_\_\_\_

Second choice Camp Session Name \_\_\_\_\_ Dates \_\_\_\_\_ Total cost: \$ \_\_\_\_\_

**A Non-refundable deposit of \$90 is required to confirm registration.**

**All remaining fees are due upon check-in at camp, both from the individual and from the church.**

**Packing lists, required health forms, camper profile sheet, check-in and check-out times, and other information can be found at our website,**

**www.lakeshorecenteratokoboji.org or requested from our office at 712-337-3313.**

*(Continued on the next page)*

**Please read the agreements below and ensure they are understood and signed by the appropriate individuals.**

**Camper Covenant:**

I, \_\_\_\_\_ (printed name of camper), hereby agree:

- To live by all the rules, schedules, and purposes of the camp program.
  - To live by the health, safety, and property care rules of Lakeshore Center at Okoboji.
  - To give my best to make camp a good Christian experience for all campers and staff.
- I realize that if I am a discipline problem, my parents may be called and I may be asked to leave.  
I understand that I may not receive my first choice of camp session.

Date \_\_\_\_\_ Signature of Camper \_\_\_\_\_

**Media Release:**

By signing below, I, \_\_\_\_\_ (printed name of parent or guardian), give permission for the use of photographs taken that include my child to be used in Lakeshore Center at Okoboji publicity.

Date \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_

**Refer a friend:**

Do you have a friend, family member, or neighbor that would love to come to camp? List their name and address below and we'll get them all the information they need.

**Home Church** (If you are coming from a Presbyterian Church, please have your church fill-in this section):

This church endorses (name of camper) \_\_\_\_\_ as a participant at Lakeshore Center at Okoboji. He/she is a person who will make a good camper and benefit from this Christian experience.

Name of Church \_\_\_\_\_ City/State \_\_\_\_\_

We agree to pay \$ \_\_\_\_\_ of this camper's registration fee. The church understands that this amount is due on or before check-in for this camper's program.

\_\_\_\_\_  
(Signature of Pastor, Associate Pastor, DCE, Youth Director, Clerk or Treasurer)

**Return your completed Registration, Health Form, Immunization Record, and Camper Profile Sheet to Lakeshore Center at Okoboji as soon as possible!**

**See you at camp!**