

# REGISTRATION FORM SUMMER 2017

Lakeshore Center at Okoboji

1864 Hwy 86 Milford, IA 51351

Phone: 712-337-3313—Fax: 712-337-0104

GRADE  
in School  
2016/2017

DATE OF  
BIRTH

GENDER  
M/F

CAMPER'S NAME \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

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

Mother's Name \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_

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

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

Special Needs of Camper \_\_\_\_\_

Camper's Church \_\_\_\_\_ City \_\_\_\_\_ Presbytery \_\_\_\_\_

It is our philosophy that camp provides a unique opportunity for your camper to be in a fresh environment and to make new friends. If you feel that an exception is needed, you may request to be matched with one other camper and that camper must also put your name down. Because of the effect on other campers, we will not match up more than 2 youth in a cabin. Requests must be made on the registration form. Requests made during the check in process on the first day of camp will not be granted.

Cabinmate Request (One per camper both campers must match names) \_\_\_\_\_

Cabinmate Church/City \_\_\_\_\_ Request to be in same cabin does not guarantee same room. If both campers do not match names, no guarantee of being placed together.

By signing below, I 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)

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

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

**All fees are due upon camper's arrival at Camp, both from the individual and from the church.**

**♥ ALL AREAS MUST BE COMPLETED AND SIGNED BY APPROPRIATE INDIVIDUALS**

### Camper Covenant

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

©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 do my best to be a good camper and give my best to make the 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 \_\_\_\_\_

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

**Have you attended a camp at Lakeshore Center before?** \_\_\_\_\_ **NO** \_\_\_\_\_ **Yes**

**Years previously attended:** \_\_\_\_\_

**List the names and addresses of at least two people you will refer to Lakeshore Center to attend camp:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Church Must Complete**

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 the arrival of this camper to the Camp.

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