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!