

# LUTHER CREST BIBLE CAMP 2010 SUMMER PRE-REG.

Save 10% off the base price of Summer 2010 programs if received by 12/31/09

Please complete, printing clearly, using a separate form for each child attending camp.

CAMPER NAME \_\_\_\_\_ Circle: M or F

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ CURRENT GRADE IN SCHOOL (09-10) \_\_\_\_\_

DIETARY RESTRICTIONS \_\_\_\_\_

ROOMMATE REQUEST: #1 \_\_\_\_\_ #2 \_\_\_\_\_

HOME CONGREGATION \_\_\_\_\_ CITY \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PRIMARY EMAIL ADDRESS \_\_\_\_\_

2<sup>ND</sup> PARENT/GUARDIAN (if in same household): \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

I give my permission for my child to attend Luther Crest Bible Camp and to participate in all aspects of the program at Luther Crest. I hereby give my permission in the case of an emergency for the physician selected by the camp director to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child named above. Luther Crest will make every effort to contact me if my child needs emergency medical-surgical treatment. I understand that Luther Crest assumes secondary insurance coverage and the camper's family assumes primary coverage. I also give permission for the use of photographs, video and electronic images taken of my child to be used for promotional purposes both on and off the internet.

\_\_\_\_\_  
Parent or Guardian Signature

<u>Alex-Youth</u>	<u>Intergenerational</u>	<u>Adventure</u>	<u>Sports</u>
<input type="checkbox"/> K-3 Day Camp	<input type="checkbox"/> Women's Week	<input type="checkbox"/> 4-8 Digital Photo	<input type="checkbox"/> 4-6 Fishing
<input type="checkbox"/> 2-3 Seekers	<input type="checkbox"/> Generations	<input type="checkbox"/> 4-8 Musical Camp	<input type="checkbox"/> 4-6 Boys' Football
<input type="checkbox"/> 2-4 Critters	<input type="checkbox"/> Seeking Peace	<input type="checkbox"/> 6-8 Wet & Wild	<input type="checkbox"/> 4-6 Hi-Can-Bike
<input type="checkbox"/> 4-6 Faith Leapers		<input type="checkbox"/> 7-10 Mystery	<input type="checkbox"/> 4-6 Basketball
<input type="checkbox"/> 7-9 Witnesses		<input type="checkbox"/> 9-12 Waterama	<input type="checkbox"/> 4-6 Girls' Volleyball
<input type="checkbox"/> 7-10 Night Owl		<input type="checkbox"/> 10-12 Keepers	<input type="checkbox"/> 4-8 Hockey
			<input type="checkbox"/> 7-10 Basketball
			<input type="checkbox"/> SCUBA (gr. 9-age 25)

Please number (1 or 2) the appropriate box(es) above, listing session date below.

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

Please Mail Completed Form along with \$100 non-refundable deposit per camper form to:  
Luther Crest Bible Camp, 8231 Co. Rd. 11 NE, Alexandria, MN 56308