



# Summer Camp Registration Form

Camper Name: \_\_\_\_\_ Male:  Female:

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (2018-2019 School Year): \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Roommate Requests: \_\_\_\_\_

Home Church: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Same as Camper:

Landline: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Same as Camper:

Landline: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (Other than Guardians): \_\_\_\_\_

Landline: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

List the camp and week you would like to register for:

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

Total amount due (based on brochure information): \_\_\_\_\_

Total enclosed: \_\_\_\_\_

**Are you registering as a Super Camper? This program is designed for campers with special needs who will need a counselor available for 1 to 1 programming options throughout the day, e.g., campers with Down Syndrome, campers on the Autism Spectrum. This program is offered for Seekers, Leapers and Witnesses programs and you will need to contact Luther Crest to make sure that staff are available for the week that you are registering for.**

Please mail completed form along with \$100 non-refundable deposit PER CAMPER to: Luther Crest, 8231 County Road 11 NE, Alexandria, MN 56308