



Summer Camp Registration Form

Camper Name: _____ Male: Female:

Address: _____

Date of Birth: _____ Grade (2021-2022 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. Contact Luther Crest to make sure that staff are available for the week that you are registering for.

Please mail completed form along with \$50 non-refundable deposit PER CAMPER to: Luther Crest, 8231 County Road 11 NE, Alexandria, MN 56308