

LV Family Campers/ Retreat Registration 2012

Last Name: _____

Adult(s) Name(s): _____

Children's Names & Ages: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

email: _____

Phone Number: _____

Church: (if any) _____

FAMILY CAMPERS ONLY • ACCOMMODATIONS & MEALS

All Inclusive Meal plan required? YES NO

Bedding/towels required? YES NO

Cabin Preference: _____

CAMPGROUND

Services on site YES NO Site Request _____

WOMEN'S RETREAT • ACCOMMODATIONS

Cabin mate preference: _____

(Requests cannot be accommodated last minute. Must be on Registration form.)

Cabin request: _____ (not guaranteed)

ALL CAMPERS

Special Diet Restrictions/Needs? Please list. We cannot accommodate unless we know 10 days in advance.

PLEASE COMPLETE FORM AND SEND WITH NON-REFUNDABLE, NON-TRANSFERABLE DEPOSIT TO:

Winter: 560 Arlington Street, Winnipeg,, Manitoba, R3G 1Z5 F 204-774-4420 Summer: (after April 20) Box 2040 Kenora, Ontario, P9N 3X8 F: 807-543-4052

PLEASE CHECK YOUR PROGRAM WEEK(S):

- | | |
|--|--------------------|
| <input type="checkbox"/> Women's Retreat | June 8 - 10 |
| <input type="checkbox"/> Open House Bus Day Trip | June 16 |
| <input type="checkbox"/> Family Camp 1 | July 15 - 21 |
| <input type="checkbox"/> Family Camp 2 | July 22 - 28 |
| <input type="checkbox"/> Family Camp 3 | July 29 - Aug 4 |
| <input type="checkbox"/> Family Camp 4 | August 5 - 11 |
| <input type="checkbox"/> Family Camp 5 | August 12 - 18 |
| <input type="checkbox"/> Labour Day Classic | August 31 - Sept 3 |

**PLEASE
FILL OUT
THIS ENTIRE
PAGE & FAX
OR MAIL
BACK**

ALL CAMPERS

Do(es) the camper(s) have any health, physical, emotional or behavioral needs which may require special attention while at camp?

YES NO If yes, please include a brief explanation.

PERMISSION WAIVER

(Full Privacy Policy on luthervillage.ca website)

- I voluntarily waive any claim against the above stated Church Camp and sponsoring institution, local churches or camp personnel for any mishap, lost article, or any and all causes which may arise in connection with activities of the above organization.
- I give Luther Village permission to obtain emergency medical treatment on my behalf if I am unable to do so.
- **The person submitting this application gives their permission for any photographs or videos of camp activities which may include them or their family to be used in camp promotional materials and brochures without any financial compensation.**
- I give permission for Luther Village to use this information only for camp programs, LV mailings, and fundraising events.

Signature: _____

Date: _____

WHERE DID YOU HEAR ABOUT LV?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Parade of Camps |
| <input type="checkbox"/> Church | <input type="checkbox"/> Other |

CREDIT CARD: VISA MASTERCARD

Card No: _____ Expiry Date: _____

Please charge \$_____ to my credit card.

Cardholder Name: _____