

LUTHER VILLAGE YOUTH CAMPERS REGISTRATION 2010

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

email: _____

Birthdate: _____

Phone Number: _____

Age: _____ Camper Gender: Male Female

Grade in Fall 2010: _____

Church camper attends (if any): _____

Choice of ONE cabin mate: _____

Parent/Guardian: _____

Business: _____ Cell: _____

Home phone: _____

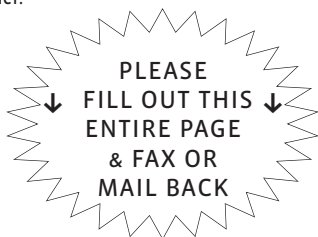
Parent/Guardian: _____

Business: _____ Cell: _____

Home phone: _____

(He/she MUST also request you); every effort is made to honor requests for a cabin mate, but they MUST be the same age or grade and gender.

T-SHIRT SIZE (PLEASE CIRCLE):
 YOUTH: YS YM YL or
 ADULT: S M L XL



PLEASE CHECK YOUR PROGRAM WEEK(S):

- Small Fry Camp June 25-27 Grades 9-12 Camp July 11-16
 Grades 6-8 July 4-9 Performing Arts Camp Aug. 22-27
 Grades 4-5 July 11-16

FOR PERFORMING ARTS CAMPERS ONLY

Camper will focus on one area for the entire week. We will do our best to accommodate your first choice but we do not guarantee first choices. These are picked on a first come first served basis. Register early to avoid disappointment!

Please select your #1 preference:

_____ Digital Photography _____ Mixed Media _____ Musical Theatre

TRANSPORTATION

DOES YOUR CHILD WISH TO TAKE THE BUS? (please check "to" & "from")

- Travelling TO camp? YES NO
 Where? Winnipeg St. Anne's, MB
- Returning FROM Camp? YES NO
 Where? Winnipeg St. Anne's, MB

OTHER NEEDS

Does the camper have any health, physical, emotional or behavioral needs which may require special attention while at camp? (A full medical form will be sent to you with confirmation.)

YES NO If yes, please include a brief explanation.

WHERE DID YOU HEAR ABOUT LV?

- Family Internet
 Friend Parade of Camps
 Church Other

Office Use only

Total Fee _____
 Deposit _____ Date: _____
 Balance _____
 Paid in full _____
 Date _____
 Card Cheque cash

PERMISSION WAIVER

(Full Privacy Policy on luthervillage.ca website.)

- I give my child permission to attend the above stated Church Camp and voluntarily waive any claim against the 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 if so needed on my child's behalf.
- I give my permission for any photographs or videos of camp activities which may include my child 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 of Parent or Guardian: _____

Date: _____

CREDIT CARD: VISA MASTERCARD
 Card No: _____ Expiry Date: _____
 _____ / _____ / _____ / _____

Please charge \$_____ to my credit card.

Cardholder Name: _____

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