

Luther Village Youth Campers Registration 2012

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Email: _____

Birthdate: _____ Age at camp: _____

Phone Number: _____

Camper Gender: Male Female

Grade in Fall 2012: _____

Church camper attends (if any): _____

Choice of ONE cabin mate:

(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.)

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

PLEASE CHECK YOUR PROGRAM WEEK(S):

- | | |
|--|---|
| <input type="checkbox"/> Small Fry Camp June 22 - 24 | <input type="checkbox"/> Canoe Believe? July 8 - 13 |
| <input type="checkbox"/> Grades 7 - 9 July 1 - 6 | <input type="checkbox"/> Grades 9 - 12 August 12 - 18 |
| <input type="checkbox"/> Grades 4 - 6 July 8 - 13 | <input type="checkbox"/> LV's Got Talent Aug 19 - 24 |

FOR LV'S GOT TALENT 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 & #2 preference:

_____ Creative Arts _____ Photography _____ Musical Theatre

TRANSPORTATION

(limit 10 people)

DOES YOUR CHILD NEED TO TAKE THE VAN? (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

Transportation
Total _____
Deposit _____
Amt Owing _____

Parent/Guardian: _____

Business: _____ Cell: _____

Home phone: _____

Parent/Guardian: _____

Business: _____ Cell: _____

Home phone: _____

OTHER NEEDS

Does the camper have any health, physical, emotional, behavioral or dietary 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.

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. YES NO
- 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: _____

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: _____

Office Use only	<input type="checkbox"/> Card	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash
Total Fee	_____		
Deposit	Date:	Balance	
Deposit	Date:	Balance	

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