

2010 Camp Lake Louise Registration Form

Please print all information. Please use one form per camper. Photocopies accepted – give one to a friend!

Camper's Name _____ Male Female Age _____ Birth Date ____/____/____
Last First

Address _____ City _____ State ____ Zip _____

Home Phone _____ Grade entering in the Fall _____ E-mail _____

Cabin Mate Preference #1 _____ Cabin Mate Preference #2 _____

<input type="checkbox"/> Work Week	May 31 – June 5	\$55	<input type="checkbox"/> Families over the Fourth	July 4 – 10	(use chart to calculate cost)
<input type="checkbox"/> Kinder Camp	June 18 – 20	\$45 per person*	<input type="checkbox"/> Extreme Paintball Camp	August 6 - 8	\$135
<input type="checkbox"/> Introductory Camp	June 27 – 30	\$120	<input type="checkbox"/> Family Golf Camp	July 31 – Aug 6	(use chart to calculate cost)
<input type="checkbox"/> 5-6 Camp	July 11 - 17	\$290	<input type="checkbox"/> Family Camp II	Aug 15 – 21	(use chart to calculate cost)
<input type="checkbox"/> 7-8 Camp	July 18 - 24	\$300	<input type="checkbox"/> Adult Jamboree	Aug 23 – 27	\$160
<input type="checkbox"/> 9-10 Camp	July 25 - 31	\$310	<input type="checkbox"/> Beans & Bass Fishing Wknd	September 10 – 12	\$59
<input type="checkbox"/> 11-12-13 Camp	June 20 - 26	\$320	<input type="checkbox"/> Junior High Fall Retreat	September 17 – 19	\$59/\$49 sponsors
<input type="checkbox"/> 11-12-13 & Big Ticket Festival		\$350	<input type="checkbox"/> Senior High Fall Retreat	September 24 – 26	\$59/\$49 sponsors

* \$45 for each parent and child (\$90 total), \$29 for each additional camper.

Father's Name: _____

Address: Same as camper's address above

Other Address: _____

City/State/Zip: _____

Home Phone: _____ Cell _____

Emergency Contact (not parent) _____

Mother's Name: _____

Address: Same as camper's address above

Other Address: _____

City/State/Zip: _____

Home Phone: _____ Cell _____

Phone _____

Payment Method: Cash Check # _____ VISA MasterCard Discover Scholarship-Amount _____

Credit Card Number _____ - _____ - _____ - _____ Exp. ____/____ Ver (3 digit) _____ Source: _____

Name on Card _____ Amount \$ _____

Billing Address _____

City/State/Zip _____

Signature of Cardholder _____

For Office Use:

Date Received: _____ Amount Received: _____ Scholarship: _____ Payment: _____ Balance Due: _____ Paid in Full