

Luther Park Registration Form

Name _____ Gender _____ Birth Date _____ Grade Completed June 1 _____
 Address _____ City _____ State _____ Zip _____
 Mother's/Guardian's Name _____ Father's/ Guardian's Name _____
 Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Relationship _____ Cell Phone _____ Relationship _____
 Email _____ Email _____
 Church (if any) _____ City _____ State _____
 Camp Session _____ Dates _____
 Roommate Request (1) _____

Release Form:

I have requested Luther Park Bible Camp to allow my child _____ to participate in its summer camp programs. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my child's participation in this activity can expose him/her to dangers both from known and unknown risks. Acknowledging that such risks exist, I hereby release and discharge Luther Park Bible Camp, its officers, agents, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in the activity; including but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any activity, weather planned or unplanned. I consent to the use of any photograph or video of my child in future Luther Park Bible Camp publications, videos, or website pictures.

Parent/Guardian Signature _____ Date _____

Method of Payment:

Remember: Register and pay in full by May 1st to receive the early bird discount! \$20.00 off full week-long programs, \$10.00 off partial week programs. The early bird discount is not dependent on receipt of church scholarships and/or other scholarships. Call for available multiple week and sibling discounts. A \$125 non-refundable deposit is due with registration to hold your child's spot at camp.

Family Camp

Shalom _____ Cabins _____
 (Call for tent or RV pricing)
 Names and Ages of children at time of camp

Summer Camp Deposit/Payment	\$ _____
Campstore Payment (optional)	\$ _____
Prepaid photo CD (optional)	\$ _____
Donation (optional)	\$ _____
Total	\$ _____

- Enclosed is a cash/check payable to Luther Park in the amount of \$ _____
- Please charge my credit card:
 - Visa Master Card Amount to charge \$ _____
 - Credit Card # _____ Exp. Date _____ CVS#(back of card) _____
 - Name on Card _____ Signature _____
- My church will pay part of my camp fee in the form of a scholarship
 - Name of Church _____ Amount (\$ or %) Church Pays _____

Confirmation Materials:

- I will download my confirmation packet online at www.lutherpar.org
- Please send my confirmation packet by mail

Please mail registration form and deposit to:
 Luther Park Camp 944 24 1/4 St. Chetek WI 54728 • FAX 715.859.6474 • Phone 715.859.2215