

Camper Registration Form
2010 Olympic Lutherhaven Youth Bible Camp
Week of July 31 - August 5, 2010

Name: _____

Age: _____ Grade Completed: _____ Male: Female:

Name: _____

Age: _____ Grade Completed: _____ Male: Female:

Name: _____

Age: _____ Grade Completed: _____ Male: Female:

Parent's Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s) including area code:

Home Work Cell _____ Dad Mom Other

Home Work Cell _____ Dad Mom Other

Home Work Cell _____ Dad Mom Other

Home Work Cell _____ Dad Mom Other

Home Work Cell _____ Dad Mom Other

Name of Church (If Applicable): _____

If you have any preference when it comes to fellow campers, or any special concerns about cabin placement, please indicate here (preferences are not guaranteed):

Yes, I am interested in being an adult volunteer. (Camper fees are waived for up to 2 children of all full time volunteers. Full time volunteers must stay at camp all week, even overnight, in order to get the camper fee waived.)

Check here if you do not want your children's pictures (no names will be released) used in camp advertisements or promotions.

Please mail the registration, camper/counselor rules, medical release form, and a \$20 deposit for each camper by **July 5, 2010**. Make **checks payable to Lutherhaven Youth Camp**.

Mail to:
Lutherhaven Youth Bible Camp
c/o Larry Ficca
12479 Mt. Worthington Loop
Silverdale, WA 98383