

Camper Information: (Please Print)

Family/Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact (other than above): _____

Emergency Contact Relation (i.e. parent, aunt): _____ Phone: _____

Church Name & City (if applicable): _____ Amount Paid By Church: _____

Please list ALL participants Names, Addresses and Ages of Children:

Indicate any special physical, dietary or emotional needs here: _____

Camp Information:

Camp Program: _____

1st Choice of Dates: _____ 2nd Choice of Dates: _____

Payment: *(Non-refundable \$75 deposit required with registration)*Shetek Lutheran Ministries
14 Keeley Island Dr
Slayton, MN 56172

As participants in a Cross-Generational program, we agree that the camp or its personnel will not be held responsible for accidents arising while here. I also give permission for the use of photographs, video and electronic images including myself or those registered to attend camp with me.

Adult Signature: _____ **Date:** _____