

Camper Information:*(Please Print)*

Camper's Last Name: _____ Camper's First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Age: _____ Birthdate: _____ School Grade entering in Fall 2021: _____

Parent or Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Emergency Contact (other than guardian listed above): _____

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

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

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

Camp Information:

Camp Program: _____ (i.e. Mini Camp)

1st Choice of Dates: _____ 2nd Choice (some programs may only be offered once) _____

Explorer Camp Track (i.e. Basketball, Animal Adventures): _____

1 or 2 Cabin Mates: _____

(Up to two cabin mates can be requested when they EACH request each other! We do our best to grant your rooming request. Note: Cabin assignments are made prior to arrival at camp.)

Invited By (if applicable): _____ Siblings attending (if applicable): _____

Payment: *(Non-refundable \$75 deposit required with registration)*

Shetek Lutheran Ministries

14 Keeley Island Dr

Slayton, MN 56172

*Our child has permission to take part in all camp activities under supervision, and we agree that the camp or its personnel will not be held responsible for accidents arising while at camp. I also give permission for the use of photographs, video, and electronic images including my child or family in camp promotions.***Parent or Guardian Signature:** _____ **Date:** _____