

**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:** \_\_\_\_\_