

PLEASE PRINT CLEARLY

# LO FAMILY CAMP REGISTRATION - 2010

Last Name \_\_\_\_\_

First Name of Adult(s) \_\_\_\_\_

Address \_\_\_\_\_

Other Adults with your Family \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Children/Youth: Name(s)	Date of Birth	Gender (M / F)	Grade ('09-'10 school year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preferred Email \_\_\_\_\_

Phone \_\_\_\_\_  Home  Cell  Work

Home Church & Town \_\_\_\_\_

### Choice of Week:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> July 4-9   | <input type="checkbox"/> July 25-30  |
| <input type="checkbox"/> July 11-16 | <input type="checkbox"/> August 1-6  |
| <input type="checkbox"/> July 18-23 | <input type="checkbox"/> August 8-13 |

### Housing Preference:

- Lodge     Cabin  
 Campground

Special Requests (*Dietary needs, etc*)  
\_\_\_\_\_  
\_\_\_\_\_

- We are returning campers  
 We are first time at campers

### How did you hear about family camp?

- Web     Mailing     Friend/Relative  
 Retreat     School     Video on Demand  
 Home Church     Other \_\_\_\_\_

**Non-Refundable Deposit of \$100 per person:**     Check     Credit Card

*Required for completed registration.*

Please charge my VISA, Master Card, Discover Account #  
\_\_\_\_\_

Billing Address (*If different than above*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Return to: **Lutherans Outdoors in SD • 2001 S Summit Ave • Sioux Falls SD 57197 • 800-888-1464**

**WE NEED YOUR HELP!** Please help us gather statistical information (often requested in grant applications, by our national camping office, etc.) This is **optional**.

*(Please note number of people in each category if you are completing for a family or group.)*

Gender:     Female     Male

### Age Category:

- |                                   |                                  |                                |
|-----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Under 10 | <input type="checkbox"/> 11-18   | <input type="checkbox"/> 19-30 |
| <input type="checkbox"/> 31-40    | <input type="checkbox"/> 41-50   | <input type="checkbox"/> 51-60 |
| <input type="checkbox"/> 61-70    | <input type="checkbox"/> Over 70 |                                |

### Racial/Ethnic Group:

- Multi-ethnic     Asian / Pacific Islander  
 Hispanic / Latino     Black / African American  
 White     Arab / Middle Easterner  
 American Indian / Alaska Native

Disability:     Yes     No

Brief description \_\_\_\_\_

- Camp:**     AMR     NeSoDak     Klein Ranch  
 Joy Ranch     Outlaw     Day Camp at other site

**Program:**     Summer Camp     Day Camp     Retreat     Other