

PLEASE PRINT CLEARLY

LO FAMILY CAMP REGISTRATION - 2012

Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Preferred Email _____
 Phone _____ Home Cell Work
 Home Church & Town _____

First Name of Adult(s) _____
 Other Adults with your Family _____
 Children/Youth: Name(s) _____ Date of Birth _____ Gender (M/F) _____ Grade ('11-'12 school year) _____

Choice of Week:
 July 1-6 July 22-27
 July 8-13 July 29-Aug 3
 July 15-20 August 5-10

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:
 Under 10 11-18 19-30
 31-40 41-50 51-60
 61-70 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
 If yes, *brief description* _____

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

Program: Summer Camp Day Camp Retreat Other

PLEASE PRINT CLEARLY

LO FAMILY CAMP REGISTRATION - 2012

Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Preferred Email _____
 Phone _____ Home Cell Work
 Home Church & Town _____

First Name of Adult(s) _____
 Other Adults with your Family _____
 Children/Youth: Name(s) _____ Date of Birth _____ Gender (M/F) _____ Grade ('11-'12 school year) _____

Choice of Week:
 July 1-6 July 22-27
 July 8-13 July 29-Aug 3
 July 15-20 August 5-10

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:
 Under 10 11-18 19-30
 31-40 41-50 51-60
 61-70 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
 If yes, *brief description* _____

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

Program: Summer Camp Day Camp Retreat Other