

## LO YOUTH CAMP REGISTRATION - 2010

PLEASE PRINT CLEARLY

Camper Name \_\_\_\_\_  Male  Female Grade Completed in 2010 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_ Preferred Email \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Home Congregation & Town \_\_\_\_\_

<b>Choice of Camp Program</b> <input type="checkbox"/> NeSoDak <input type="checkbox"/> Fort Courage <input type="checkbox"/> Klein Ranch <input type="checkbox"/> AMR Adventures <input type="checkbox"/> Outlaw Ranch <input type="checkbox"/> Servant Camp	<b>Week of:</b> _____ Cabin Mate request: _____ <small>(for NSD, Outlaw, &amp; Fort only)</small>
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<b>Non-Refundable Deposit of \$100:</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <i>Required for completed registration.</i>
<b>Please charge my VISA, Master Card, Discover Account #</b> _____
Billing Address (If different than above) _____ City _____ State _____ Zip _____
Expiration Date _____
Signature _____

<input type="checkbox"/> I am a returning camper <input type="checkbox"/> This is my first time at camp <input type="checkbox"/> I am an adult: <input type="checkbox"/> Parent <input type="checkbox"/> Advisor <input type="checkbox"/> Pastor <input type="checkbox"/> Youth Director
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<b>How did you hear about this program?</b> ___ Web    ___ Mailing    ___ Friend/Relative ___ Retreat    ___ School    ___ Video on Demand ___ Home Church/Youth Group ___ Other _____
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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  
 Brief description \_\_\_\_\_

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

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

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