



# 2017 PARENT/CHILD EVENT REGISTRATION

<b>PARENT (adult rate):</b>		Occupation:	<input type="checkbox"/> New to camp
Address:	City:	State:	Zip:
Email:	Church/City:		
Cell phone:	Other Phone:		

<b>Child:</b>	Birthdate (M/D/YR):	<input type="checkbox"/> New to camp
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Address: (if different)	City:	State: Zip:

<b>GRANDPARENT (adult rate):</b>		Occupation:	<input type="checkbox"/> New to camp
Address:	City:	State:	Zip:
Email:	Church/City:		
Cell phone:	Other Phone:		

House with near \_\_\_\_\_ Invited by (first time families only) \_\_\_\_\_

### Physical Limitations

Name:	Explain:
Name:	Explain:

### Food Allergies

Name:	Food/Reaction:
Name:	Food/Reaction:

### PARENT / CHILD EVENTS: (Check all that apply)

\* HOUSING: "Other" = Chalet, Scandinavia, and Cedar Bay Lodge/Birch Point (if offered)

<input type="checkbox"/> <b>Dads n Lads (&amp; Grandpa!) April 28-30</b> ** All sons after second only \$25 each		<input type="checkbox"/> <b>PAINTBALL \$12 per person</b> Indicate number ____ (boys 9+)
HOUSING: <input type="checkbox"/> Cabin \$99 Adult (19+) \$89 Son (age 5-18) **		
<input type="checkbox"/> Other* \$119 Adult (19+) \$99 son (age 5-18) ** # ____ Linens \$6/person		
ONE NIGHT OPTION <input type="checkbox"/> Cabin \$79 Adult (19+) \$65 Son (age 5-18) **	<input type="checkbox"/> Fri PM	<input type="checkbox"/> Sat PM

<input type="checkbox"/> <b>Mother/Daughter (&amp; Grandma!) May 5-7</b> ** Daughters after second \$25 each	
HOUSING: <input type="checkbox"/> Cabin \$99 Adult (19+) \$89 Daughter (age 5-18)**	
<input type="checkbox"/> Other* \$119 Adult (19+) \$99 Daughter** # ____ Linens \$6/person	

### PAYMENT BY:

**Check** (Preferred by Camp. Thanks!) \$ \_\_\_\_\_
  **Credit Card** Please charge \$ \_\_\_\_\_ to  MC  VISA  Discover

Name of Cardholder \_\_\_\_\_

Expiration \_\_\_\_ / \_\_\_\_ CVC CODE \_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE:** Submission of this registration grants permission to use comments and/or pictures of campers listed above in Camp promotions. We agree to not hold Camp Lebanon liable for any illness or mishap from any cause whatsoever.

**PAYMENT:** Please enclose payment and return to: **Camp Lebanon 1205 Acorn Road Burtrum MN 56318 FAX 320-573-2116**

Please send an **EZ Scholarship Application** for grants and/or payment plan.

For assistance, please call 1-800-816-1502