



2017 DADS N DAUGHTERS EVENT REGISTRATION

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

Child:	Birthdate (M/D/YR):	<input type="checkbox"/> New to camp
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Child:	Birthdate (M/D/YR):	<input type="checkbox"/> New to camp

Address: (if different)	City:	State:	Zip:
GRANDPARENT (adult rate):		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:

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

LINENS (bedding, towels) available for Dads only in non-cabin housing.

<p>CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> Father - Daughter September 8-10 ** All daughters after second \$25 each</p> <p>HOUSING: <input type="checkbox"/> Cabin \$99 Adult (19+) <input type="checkbox"/> Other* \$119 Adult (19+) <input type="checkbox"/> Linens \$6</p> <p style="padding-left: 40px;">Daughters (age 5-18)** \$89 (housed with female counselors)</p> <p style="padding-left: 40px;">Daughters (19+) \$99 (housed with female counselors)</p> <p>ONE NIGHT OPTION <input type="checkbox"/> \$79 adult (19+) Cabin \$65 daughter** <input type="checkbox"/> Fri PM <input type="checkbox"/> Sat PM</p>	<p>ACTIVITIES</p> <p><input type="checkbox"/> HORSE TRAILRIDE \$15 per person Indicate number _____ (girls 10+)</p> <p><input type="checkbox"/> PAINTBALL \$12 per person Indicate number _____ (girls 10+)</p>
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DAD FEE:	DAD LINENS: <small>(not available in cabins)</small>	DAUGHTER FEES:	ACTIVITIES:	TOTAL DUE:
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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