



LUTHERHILL MINISTRIES  
2017 SUMMER CAMP  
REGISTRATION FORM



Please Print Clearly

**CAMPER INFORMATION**

Male     Female     Adult     Youth     Sponsor

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Congregation: \_\_\_\_\_ Congregation City: \_\_\_\_\_

Food Allergies or Special Needs: \_\_\_\_\_

Roommate Request: \_\_\_\_\_ Roommate Request: \_\_\_\_\_

**PARENT/GUARDIAN 1 INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT/GUARDIAN 2 INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY INFORMATION-REQUIRED\***

**\*MUST BE SOMEONE OTHER THAN THE PARENT/GUARDIAN.**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Is the number listed a:  Cell     Home     Work

**CAMPERSHIP INFORMATION**

At Lutherhill Ministries we make every effort to allow as many people as possible to experience camp. No one should miss out on camp because of money!

We encourage all in need of financial assistance to apply for a campership. For more information please contact our Registrar, Laura Lyons, at [laura@lutherhill.org](mailto:laura@lutherhill.org), or 888-266-4613.

Support the campership program by adding a tax deductible donation to your camp fees on the reverse side.



Campers Name: \_\_\_\_\_

### CHOOSE YOUR PROGRAM

#### CAMP PROGRAMS AT LUTHERHILL

- Alpha.....\$260
- Youngn's.....\$415
- Yearling's.....\$415
- JHC / Confirmation Camp.....\$415
- Jr High Texas Adventure.....\$440
- Jr High Service Camp .....\$440
- Jr High Night Owl.....\$440
- Sr High Big Bend Adventure.....\$515
- Sr High Texas Adventure .....\$440
- Sr High Night Owl .....\$440

1<sup>st</sup> Choice Program Date: \_\_\_\_\_  
 2<sup>nd</sup> Choice Program Date: \_\_\_\_\_

#### LYLE PROGRAM.....\$525

- LYLE I    Session A    Session B
- LYLE II    Session A    Session B

#### FAMILY CAMP AT LUTHERHILL

- \$90/adult/night, \$70/child/night, no cost 3 & under<sup>†</sup>

Arrival Date: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_

#### CAMP PROGRAMS AT ZION RETREAT CENTER, GALVESTON ISLAND

- Family Beach Camp.....\$95/adult/night, \$75/child/night, no cost 3 & under<sup>†</sup>

Arrival Date: \_\_\_\_\_  
 Departure Date: \_\_\_\_\_

- Jr High Beach Camp..... \$465
- Sr High Beach Camp ..... \$465

#### INTERNATIONAL CAMP

- Guatemalan Journey ..... \$1150 + airfare/adult, \$925 + airfare/child<sup>†</sup>

<sup>†</sup>Adult rate applies to 13 years and older. Child rate applies to 12 years and under.

### PROGRAM FEES

Price of program    \$ \_\_\_\_\_

DVD/Camp photo (optional) + \$ \_\_\_\_\_    DVD \$10,    Camp Photo \$10 or    Both \$15.

Camp store account (optional) + \$ \_\_\_\_\_ Money for the camp store. T-shirts start at \$15.

Louisiana transportation + \$ \_\_\_\_\_ Transportation available, please call our office at 888-266-4613.

Early Bird discount - \$ \_\_\_\_\_ \$20.00 discount (5% for Family Camp) when Camp Balance is paid in full by March 15, 2017.

Sibling discount - \$ \_\_\_\_\_    \_\_\_\_\_ Name(s) of sibling(s)    First child pays in full, additional child(ren) receives \$30 discount on program fee(s).

Multiple Program discount - \$ \_\_\_\_\_ \$30.00 discount off each additional program/session.

Bring a friend discount - \$ \_\_\_\_\_    \_\_\_\_\_ Name of friend    \$30.00 discount or \$15 split when you bring a friend to camp that has not been here before.

Total Amount Due = \$ \_\_\_\_\_

Tax deductible donation + \$ \_\_\_\_\_ Join the growing number of camper families who support Lutherhill Ministries. The true cost of providing a week of camp is \$85 more than the camp fee.

Total Amount Included - \$ \_\_\_\_\_ Minimum \$100 nonrefundable deposit required. Deposit will be applied toward your camp fee.

Balance Due by May 15, 2017 = \$ \_\_\_\_\_

### PAYMENT METHOD

- Check payable to Lutherhill Ministries    VISA    MasterCard    Discover    American Express

Name on Card: \_\_\_\_\_ Amount: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Billing Email: \_\_\_\_\_