



LUTHERHILL MINISTRIES
2019 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

Lutherhill Ministries makes 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, contact us at registration@lutherhill.org, or (979) 249-3232.

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

