

SLM Summer 2012 Intergenerational Camper Registration

Camper Information:

(Please Print)

Family/Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Church Name & City (if applicable): _____ Amount Paid By Church: _____

Please list ALL participants Name & Ages of Children

Indicate any special physical, dietary or emotional needs here: _____

Camp Information:

Camp Program: _____ Lodging: Camping Retreat Center

1st Choice of Dates: _____ 2nd Choice of Dates: _____

Payment Information:

Payment Type: Cash _____ Check _____ Credit Card _____ (we accept Visa, MasterCard and Discover)

Card Name: _____ Exp. Date: _____

Credit Card Number: _____ 3 Digit Security Code: _____

As participants in an intergenerational program, we agree that the camp or its personnel will not be held responsible for accidents arising while here. I also give permission for the use of photographs, video and electronic images including myself or those registered to attend camp with me.

Parent or Guardian Signature: _____ Date: _____