

SOS CAMPER APPLICATION 2008

This camp fills up very quickly so make sure to register early to avoid being placed on a waiting list.

Return Application and \$60 deposit to Shetek by May 1, 2008

Dates: July 7-11, 2008 Cost: \$350.00

Camper Name: _____ Age: _____ Birthdate: _____ Sex: M or F

Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____

Does this person live with their parents (please circle)? Yes or No

If no, Name of place _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Who should be contacted in case of an emergency? Name _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Has your camper attended S.O.S. Camp before? Yes No If yes, what years? _____

Please answer the following question with a Yes (Y) or No (N) response unless otherwise noted:

Does the Applicant:

Read: _____ Hear: _____ See: _____

Talk: _____ (If not, does he/she use other means of communication? _____ What? _____)

Walk: _____ (Type of assistance, if needed? _____) Sleepwalk: _____

Dress Independently: _____ Eat/Drink Independently: _____ Use Bathroom Independently: _____

Does he/she need to be awoken to use the bathroom at night and how often? _____

Please comment on any of the above in the "Camper Personality" section of this application.

Parent or Guardian Consent

I hereby give my permission for _____ to attend Shetek SOS Camp. Permission is given to use photographs and names of my son/daughter in camp promotions. I understand precaution is taken to safeguard the health and safety of the campers under the supervision of the camp. I agree to relieve the camp and all personnel from any liability in connection with this activity.

Signature: _____ Date: _____

The following questions MUST be answered or application will be returned.

___ I will pay the entire fee for my camper.

___ I will be paying \$ _____ for my camper. Another organization will be paying the balance of \$ _____.

Organization: _____ Phone: _____

Contact Person for Organization: _____

To Reserve a spot the registration form must be returned WITH a deposit. Bring changes in behavior or medication with you on July 7, 2008

Mail Application To:
Shetek Lutheran Ministries
14 Keeley Island Dr
Slayton, MN 56172