

This section for registrar use only

	Individual	Church	Notes	
ADV PYMNT			PayPal/Credit Card payment? Yes No	
OWE				
FINAL PYMNT			PYMNT CODE:	T-SHIRT CODE:

The above section for registrar use only

Registration Form

Mid-Winter Retreat 2017

Name _____ Gender M F Birthday _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ E-mail address _____

Camper Cell Phone Number _____

May the camp text you? Yes No

Current Grade _____ High School Graduation Year _____ Have you been immersed? Yes No

Home Church _____ Church Address _____

Preacher's Name _____ Preacher Contact Number: _____

SELECT	Retreat	DATES	COST	DEAN(S)	REMARKS
	Mid-Winter (Grades 7-12)	Jan 14-16	\$60	Andrew Johnson	Reg. 1 p.m. Sat./dismiss 1 p.m. Mon.

Campers younger than 18 years of age should fill out page 2

Camp located west of Mallard Road & 125th St. near Horton (map on web site)

E-mail: registration@missionlakecc.com **Web Site:** www.missionlakecc.com

Facebook: Mission Lake Christian Camp – MLCC Central <http://www.facebook.com/group.php?gid=2355667163>

Camp Phone: 785-486-3376

Camper Name: (First Last): _____ **Church:** _____

Permission is given to use photos of my camper in groups for publicity brochures or on the camp web site. Yes No (circle one)

Vital health information for camp nurse (Use another paper if needed for more health details.)

Is camper allergic to any food or drugs? _____ Date of last Tetanus shot _____

Any major medical problem in the last year or any prescription drugs being used at the present time? _____

Major medical ins. Co. _____ Policy No. _____

Parents will cooperate upon visiting camp by not asking the camper to withdraw from activities without the permission of the Dean. This application is made with my approval. I agree to the above statements and will in no way hold camp or management responsible for any accident caused by negligence on the part of the campers. Both the camper and the parent(s) have read and understood the camp rules.

Camper's signature/Date _____

Additional Emergency Contact; _____ Phone _____

I hereby certify that the above named camper is in good physical condition with no organic weakness or other problem that would make it unsafe for him/her to engage in the athletic programs such as competitive games, running, hiking or swimming.

If I/We cannot be reached, I hereby give my/our approval for Emergency care to be administered.

Parent signature/Date _____

Printed Name: _____

Cell/Work Phone _____

Signature Witnessed by _____

My commission expires _____ Notary Seal

DEPARTURE INFORMATION: (Check appropriate)

___ Camper will depart at the end of camp at the time noted on page 1

___ Camper will depart at DATE _____ TIME _____

Camper will be picked up by: _____

E-mail: registration@missionlakecc.com

Camp located west of Mallard Road & 125th St. near Horton (map on web site)

Web Site: www.missionlakecc.com

Facebook: Mission Lake Christian Camp – MLCC Central

<http://www.facebook.com/group.php?gid=2355667163>

Camp Phone: 785-486-3376