

Registration Form

Name _____
 (*First*) (*Middle*) (*Last*)

Address _____

City _____ State _____

Zip _____ Phone _____

e-mail _____

Male Female (*circle*) Date of Birth _____
Age/grade during camp _____

Parent's Full Names _____

Church/City _____
Camp Booster? _____

SESSIONS

Please list each camp(s) and session
you are enrolling.

0. Adventure-session A (example)

- 1. _____
- 2. _____

Please choose an alternate camp and session

- 1. _____

A \$25 deposit is required for each child and session.

Make checks payable to Lutheran Campsite Association:

Mail to:

Camp Killarney/Julie Dostal
P.O. Box 2136
Garden City, MI 48135

One form per child

Confirmation packet will be mailed by June

Balance must be paid in Full on or before session date. Any
refunds after July 1st are 50%. No refunds after arrival date.
Forms sent after July 1st should be mailed directly to the Camp.