

2018 LUTHERLYN ADULT REGISTRATION: 6 easy steps

1. FAMILY NAME: _____

ADULT(S) NAME(S) _____ / _____

_____ / _____

_____ / _____

ADDRESS: _____

PROVINCE: _____ POSTAL CODE _____

EMAIL: _____

PHONE# _____ (registrations will be confirmed by e-mail)

CHURCH: (if any) _____

2. SELECT YOUR PROGRAM

Golden Retreat; September 10-14, 2018 (Pastor Charlie Nolting)

3. MEALS and HEALTH INFORMATION

Registration includes all Meals and Accommodation. You must provide your own Bedding and Towels. Please advise us of diet restrictions at least **14 days in advance**

Please let us know of health, physical, emotional or behavioral needs which may require special attention while at camp?

5. PERMISSION WAIVER

- I voluntarily waive any claim against the sponsoring institution, local churches or camp personnel for any mishap, lost article, or any and all causes which may arise in connection with activities of the above organization.
- I give Lutherlyn permission to obtain emergency medical treatment on my behalf if I am unable to do so.
- The person submitting this application gives permission for any photographs or videos of camp activities which may include them or their family to be used in camp promotional materials and brochures without any financial compensation. ___ YES ___ NO
- I give permission for Lutherlyn to use this information only for camp programs, Lutherlyn mailings and fundraising events.

Signature _____ Date: _____

6. REGISTRATION CALCULATION* (Payable to Lutherlyn Camp)

Golden Retreat / per person	# persons	Total cost
Overnight rate – \$45 X M T W T F _____	_____	_____
Day rate – \$35 X M T W T F _____	_____	_____
	GRAND TOTAL	_____
	AMOUNT ENCLOSED	_____
	BALANCE OWING	_____

Camp Lutherlyn
HST Reg. #84690 5560 RT0001

***All fees include HST. A non-refundable deposit of \$50 per person per camp MUST accompany the registration form. Balance is due 30 days prior to camp. Your deposit will be applied to the total registration fee.**

PLEASE SEND COMPLETED FORM TO: **PASTOR CHARLIE NOLTING,**
16 PIONEER STREET EAST, BOX 305, MARKSTAY, ON POM 2G0

<p>OFFICE USE: Date received _____ Date confirmed _____</p> <p>Receipt number _____</p> <p>Amount paid _____</p> <p>Balance owing _____</p>
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