

POINT SUMMER CAMP REGISTRATION

1. All campers are registered on a first received, first-registered basis.

2. Make checks payable to Luther Point Bible Camp.

3. Send Registration Form along with Non-refundable* Deposit to:
Registrar, Luther Point Bible Camp,
11525 Luther Point Rd., Grantsburg, WI 54840-8019.

*For cancellations prior to May 1, deposit will be refunded less \$15 processing fee. After May 1, the deposit is nonrefundable and non-transferable.

4. You can download more registration forms at LutherPoint.org.

You can also register online

www.LutherPoint.org

Any questions call 715-689-2347 or email: Lisa@LutherPoint.org.

\$55 Member Discount

YOU QUALIFY IF YOUR CHURCH CONTRIBUTED ALL THE ASSOCIATION MEMBER CHURCH ASSESSMENT FOR 2009 (\$2/BAPTIZED MEMBER).

Incentive Discounts

ONLY ONE INCENTIVE DISCOUNT PER CAMPER

INVITE A FRIEND- Invite a first-time LPBC camper: \$30 Discount (\$60 Discount if you are from a qualifying member church)

SIBLING- Oldest camper pays full price. Additional campers from the same household receive: \$15 Discount (\$30 Discount if you are from a qualifying member church)

MULTIPLE WEEK- First camp session pays full price. Additional sessions receive: \$15 Discount (\$30 Discount if you are from a qualifying member church)

Camper/Grandparent/Family Name: _____ Birthdate _____ / _____ / _____

Address _____ City _____ ST _____ ZIP _____

Male Female Grade Entering in Fall _____ I have Special Needs

Church Membership _____ Church's Town _____

Would you like confirmation by Email: _____ or by US Post?

Father of Camper/Grandchild/Family: _____ Email _____

Address _____ City _____ ST _____ ZIP _____

(if different than above)

Hm Phone _____ Cell Phone _____

Mother of Camper/Grandchild/Family: _____ Email _____

Address _____ City _____ ST _____ ZIP _____

(if different than above)

Hm Phone _____ Cell Phone _____

CHECK DESIRED

CAMP:

- | | |
|--|--|
| <input type="checkbox"/> Week-long Family Camp | <input type="checkbox"/> Drama Camp |
| <input type="checkbox"/> Weekend Family Camp | <input type="checkbox"/> Beginning Horse Camp |
| <input type="checkbox"/> Grandparent/Child | <input type="checkbox"/> Adv. Beg Horse Camp |
| <input type="checkbox"/> Day-at-Camp | <input type="checkbox"/> Intermediate Horse Camp |
| <input type="checkbox"/> 3rd/4th Grade | <input type="checkbox"/> Sr. High Servant Camp |
| <input type="checkbox"/> 5th/6th Grade | <input type="checkbox"/> Lake Superior Kayak |
| <input type="checkbox"/> 5th/6th Half-Week | <input type="checkbox"/> Road and River Trip |
| <input type="checkbox"/> Junior High Camp | <input type="checkbox"/> Pioneer Outpost |
| <input type="checkbox"/> GoFishN' 5th/6th | <input type="checkbox"/> Trailblazer Outpost |
| <input type="checkbox"/> GoFishN' 7th-9th | <input type="checkbox"/> 35-40 Mile Canoe Trip |
| <input type="checkbox"/> Guitar Camp | <input type="checkbox"/> 50-60 Mile Canoe Trip |
| | <input type="checkbox"/> 80-90 Mile Canoe Trip |

Family/Grandparent/Child Campers (Circle Desired Housing)

Retreat Center Family Cabin Tenting/Camper

Names and Birthdates of Children or Add'l Grandchildren

CAMP DATE: (Fill in TWO choices - first choice might be full - some camps fill long BEFORE the Early Bird Deadline:)

1st Choice Camp Date _____ 2nd Choice Camp Date _____

CABIN MATES: NAME ONLY ONE or TWO agreement must be made by all named - 1st Cabin Mate is the priority.

1st Choice Cabin Mate _____ 2nd Choice Cabin Mate _____

DISCOUNTS: Early Bird Discount (registration must be postmarked by April 1, 2010) Member Discount (see above)

Incentive Discount Desired _____ Name of Sibling, Friend or 1st Camp session _____

Amount enclosed: \$ _____ Check Money Order

CREDIT CARD VISA MasterCARD Discover CSV#(on back of card) _____

Card No. _____ Exp Date _____

Signature (Required for Credit Card): _____

I want to Donate
\$ _____
for Camperships.

I UNDERSTAND AND CERTIFY THAT MY CHILD'S PARTICIPATION IN LUTHER POINT BIBLE CAMP (LPBC) AND ITS ACTIVITIES IS COMPLETELY VOLUNTARY AND I HAVE FAMILIARIZED MYSELF WITH LPBC'S PROGRAM AND ACTIVITIES. I RECOGNIZE THAT CERTAIN HAZARDS AND DANGERS ARE INHERENT IN LPBC EVENTS AND PROGRAMS AND I ACKNOWLEDGE THAT ALTHOUGH LPBC HAS TAKEN SAFETY MEASURES TO MINIMIZE THE RISK OF INJURY, LPBC CANNOT INSURE NOR GUARANTEE THAT THE PARTICIPANTS' EQUIPMENT, PREMISES AND/OR ACTIVITIES WILL BE FREE OF HAZARDS, ACCIDENTS, AND/OR INJURIES. I FURTHER RECOGNIZE AND HAVE INSTRUCTED MY CHILD IN THE IMPORTANCE OF KNOWING AND ABIDING BY LPBC'S RULES, REGULATIONS AND PROCEDURES FOR THE SAFETY OF PARTICIPANTS. I WAIVE ANY CLAIM AGAINST LPBC AND/OR ITS PERSONNEL FOR ANY LOST ARTICLES; FOR ANY INJURY TO MY MINOR CHILD; AND/OR ANY INJURY TO MYSELF. LPBC ASSUMES SECONDARY INSURANCE COVERAGE. I ASSUME PRIMARY COVERAGE. I HEREBY GIVE PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY MEDICAL CARE; TO BE TRANSPORTED FOR OFF-SITE OUTINGS; AND FOR PHOTOGRAPHS/VIDEO INCLUDING MY CHILD AND/OR MYSELF TO BE USED IN THE PROMOTION OF LPBC AND/OR THE ELCA.

Parent/Guardian Signature: _____ Where did you hear about us? _____

RULES FOR ACCEPTANCE AND PARTICIPATION IN LPBC PROGRAMS ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, RELIGION OR HANDICAP.