

2017 YOUTH REGISTRATION FORM

Choose to REGISTER ONLINE at www.llbc.org or fill out this form and mail it back to camp.

Camper Name _____

Birth Date _____ Sex _____

Grade as of Fall 2017 _____

Camper Email _____

Camper Shirt Size (circle)

Youth: S (6-8) M (10-12) L (14-16)

Adult: S M L XL 2XL

Parent/Guardian Name _____

Parent Email _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____

Cell # _____

Church _____

List camp/trip names below. For Discipleship Camps, download an application at www.llbc.org.

1st choice _____

2nd Choice _____

I would like to attend both if there's room.

Buddy requests must include all members of the buddy group on EACH form for us to match correctly. Please list all members of the buddy group below. For buddy groups larger than 5 campers, email lisa@llbc.org for details.

I did not attend LLBC in 2016 and was invited by:

Deposit: A \$50 deposit must accompany this form and will be applied to the total camp fee. This deposit is not transferable or refundable unless there is no room in the camp.

Scholarships: Need-based, partial scholarships may be available. Please check with your church for assistance before applying for an LLBC scholarship as this will help us extend our available funds.

Photo Release: By allowing my child to participate in camp programs at LLBC, I irrevocably consent to and authorize the use and reproduction of any and all forms of photographs taken of my child for any purpose consistent with the ministry of Lake Lundgren Bible Camp, without compensation. All such images shall remain the property of Lake Lundgren Bible Camp.

The ministry of Lake Lundgren Bible Camp is open to all regardless of race, color, national origin, sex, age or handicap.

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CAMP SCHOLARSHIP APPLICATION FORM FOR LAKE LUNDGREN BIBLE CAMP

Need-based, **partial scholarships** will be provided for campers as funds are available.

Date of Request _____

Parent/Guardian's Name: _____

Address: _____
Street

City _____ State _____ Zip _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

If you attend a church, have you checked with them about available camp scholarships?

Yes No Amount Promised by Church: _____

Church: _____

City: _____

Church Phone: _____

Church Contact's Name: _____

Name of Child(ren) Attending:

1. _____

Camp Program Attending: _____

Name of Children Attending:

2. _____

Camp Program Attending: _____

Name of Children Attending:

3. _____

Camp Program Attending: _____

How much are you able to pay for each child (including the deposit)? \$ _____

Scholarships do not cover registration deposits. Please include a deposit with each registration form sent to have it processed as soon as possible. We will contact you regarding the amount of scholarship granted.