

Registration

Please mail or fax the completed registration to the LBC office.
 A nonrefundable deposit is required to hold a reservation (\$35 for weekend retreat, \$50 for summer camp). Payment may be made by check, credit card, or PayPal.

*Check - write the camper's name and camp attending on memo line

*Credit card – call the office at 360.341.4170

*PayPal - use paypal@lakesidebiblecamp.org for the payment email

The balance due is due when the camper arrives for the week.

Today's date _____

Cost of camp _____

Deposit _____

Balance due _____

Please check camp attending

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Boys Weekend | <input type="checkbox"/> Girls Weekend | <input type="checkbox"/> Junior High gr 8-9 | <input type="checkbox"/> Junior TCL |
| <input type="checkbox"/> Boys gr 3-5 | <input type="checkbox"/> Girls gr 3-5 | <input type="checkbox"/> High School gr10-grad | <input type="checkbox"/> TCL |
| <input type="checkbox"/> Sr Boys gr 5-7 | <input type="checkbox"/> Sr Girls gr 5-7 | <input type="checkbox"/> Cabin Leader | Other: _____ |

Camper's first name _____ Last name _____

Birthdate _____

Home address _____

City _____ State _____ Zip _____

Email _____ Phone 1 _____

Phone2 _____ Phone 3 _____

Home church _____ Grade in fall _____ Gender M _____ F _____

Emergency contact _____

Name	Phone number	Relationship
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Medical plan name _____ Medical plan number _____

Subscriber's name _____ Date of last tetanus shot _____

Physician's name _____ Physician's phone _____

Person authorized to take camper home _____

I would like to room with _____

I heard about camp from _____

Special needs/Additional comments _____