

## 2012 Family Camps Registration Form—One Form Per Household Please!

**Please mark the camp your family will be attending.**

**Kids' Kamp (June 8—10)**                       **July 4th Family Retreat (July 1—7)**  
 **Family Retreat I (July 29—August 4)**                       **Family Retreat II (August 5—11)**

Family's Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_    Work phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_    Cell phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact & Phone \_\_\_\_\_

**Please list only Family Members attending.**

Head of household's first name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_                      M F

Spouse's name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_                      M F

Child(ren) _____	Grade (11/12) _____	Birth date ____/____/____	M F
_____	Grade (11/12) _____	Birth date ____/____/____	M F
_____	Grade (11/12) _____	Birth date ____/____/____	M F
_____	Grade (11/12) _____	Birth date ____/____/____	M F
_____	Grade (11/12) _____	Birth date ____/____/____	M F

Congregation Membership (include address/City/State/Zip code) \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Lodging Preference \_\_\_\_\_

**NOTE:** Families staying the entire week will receive housing preferences. Those attending only part time will be assigned whatever space is available.

**July 4th Family Retreat and Family Retreats I & II Rates vary by age and lodging as follows (per person):**

<u>Age</u>	<u>Bethel Retreat Center/Weber/Shiloh/Joppa Hall/Leviticus</u>	<u>Dormitories</u>
	Full/ <b>half</b>	Full/ <b>half</b>
10 & up	\$250/ <b>\$140</b>	\$180/ <b>\$100</b>
3-9	\$200/ <b>\$120</b>	\$130/ <b>\$80</b>
2 & under	FREE	FREE

NEW FOR 2012– FAMILIES WILL PAY FULL RATE FOR PARENTS AND FIRST TWO DEPENDENTS. ANY OTHER DEPENDENTS WILL PAY THE **HALF WEEK RATE** ACCORDING TO THEIR AGE. ANYONE COMING FOR HALF WEEK OR LESS PAYS THE WHOLE HALF WEEK RATE.

**Family Program Fee:** \$50.00 (Non-refundable and non-transferable)

**Registration Fee:** \$50.00 (Non-refundable and non-transferable and will be applied to total fees.)

**Kids' Kamp Fees:**

**NOTE all lodging will be in dorm cabins.**

Each Adult: \$75                      Each Child: \$65                      Kids' Kamp Youth T-shirt size S M L XL

**Program Fee:** \$25 per family (Non-refundable and non-transferable)

**Registration Fee:** \$50 (Non-refundable and non-transferable and will be applied to total fees.)

**Make checks payable to:** Camp Okoboji. Mail completed registration form and the **NON-REFUNDABLE, NON-TRANSFERABLE** Family Program and Registration Fees to: Camp Okoboji 1531 Edgewood Drive, Milford, IA 51351

If paying by Credit/Debit Card Please fill in the following information:

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_ Total Amount \_\_\_\_\_

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Confirmation letters will be sent out via USPS one week following registration deadline.

**Registration deadline one month prior to your event! Lodging after this date will be based on availability!**

## 2012 Youth Camps Registration Form

### Please mark the camp you wish to attend.

\_\_\_\_\_ Calm Down June 10-14 (\$170/\$190 after May 10th)

\_\_\_\_\_ Jr. High July 10-16 (\$245/\$265 after June 11th)

\_\_\_\_\_ Concordia Cub Week July 15-21 (\$290/\$310 after June 18h)

\_\_\_\_\_ Youth Week July 22-28 (\$270 /\$290 after June 25th)

Please make checks payable to Camp Okoboji for the **full amount**. Mail to: Camp Okoboji, 1531 Edgewood Drive, Milford, IA 51351

### **\$50.00 Cancellation Fee for Youth Camps.**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ Zip Code \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender M or F Grade completed in 2012 \_\_\_\_\_

Camper's home phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Camper's email address \_\_\_\_\_

Congregation Membership \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

**Pastor, DCE or Church professional's signature** \_\_\_\_\_

### **Custodial Parent (s) Information**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

### **Other Parent Information (if different from Custodial parent) or other Emergency Contact**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

**Concordia Cub Week Craft Choice** (Pick 1st and 2nd) \_\_\_\_\_ Stained Glass \_\_\_\_\_ T-shirt painting \_\_\_\_\_ Leather

\_\_\_\_\_ Plaque Painting \_\_\_\_\_ String Art \_\_\_\_\_ Copper \_\_\_\_\_ Mosaics

Talent (please circle) Yes or No Type \_\_\_\_\_

**Youth Week ONLY** T-shirt size (Adult): S M L XL XXL **all camps** Group picture: Yes or No \$6.00

Roommate Preference (**List only two**)

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Publicity Release** – I give permission for my child's picture (without name) to be used by Camp Okoboji for promotional purposes.

Signature \_\_\_\_\_

**Confirmation letters and health forms will be sent via USPS the week following the Early Bird registration date.**

**Parents of Jr. Hi and Youth Week Campers are invited to attend the closing worship services on Saturday.**

#### **Fees : Fill in only amounts that apply.**

Camp registration \$ \_\_\_\_\_

Group Picture (\$6.00) \$ \_\_\_\_\_

Bank Money \$ \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

All Fees due at time of registration. Mark an **X** in the blank if you are applying for financial aid from Iowa District West, your congregation or Camp Okoboji

\_\_\_\_\_

If paying by Credit/Debit Card please fill in the following information:

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_ Total \_\_\_\_\_

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_