

# 2025 Family Retreat Registration Form

Camp Okoboji 1531 Edgewood Dr. Milford, IA 51351  
712-337-3325 | [camp@campokoboji.org](mailto:camp@campokoboji.org)



\_\_\_ Family Retreat #1 (July 27-August 1) \_\_\_ Family Retreat #2 (August 3-8)

## Contact Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Family Members

Family Member #1 (Primary Contact): \_\_\_\_\_ M F DOB: \_\_\_/\_\_\_/\_\_\_

Family Member #2: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('23/'24) \_\_\_\_\_

Family Member #3: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('23/'24) \_\_\_\_\_

Family Member #4: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('23/'24) \_\_\_\_\_

Family Member #5: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('23/'24) \_\_\_\_\_

Family Member #6: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('23/'24) \_\_\_\_\_

Family Member #7: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('23/'24) \_\_\_\_\_

Family Member #8: \_\_\_\_\_ M F DOB: \_\_\_\_\_ Grade ('23/'24) \_\_\_\_\_

List the names (ages 3-18) of kids/youth that will be participating in Vacation Bible School / Youth Group (9:00-11:30am):

## Lodging Preferences

**Indicate your top 3 facilities preferences** (Example: 1 Bethel Retreat Center (East Wing) 2 Gad 3 Zebulun) NOTE: Pictures & Videos of all facilities are available online at [campokoboji.org](http://campokoboji.org)

Bethel Retreat Center (East Wing) \_\_\_ Bethel Retreat Center (West Wing) \_\_\_ Bethel Retreat Center (Handicap Room) \_\_\_

Leviticus \_\_\_ Shiloh \_\_\_ Weber Unit \_\_\_

Asher \_\_\_ Ephraim \_\_\_ Gad \_\_\_ Issachar \_\_\_ Manasseh \_\_\_ Simeon \_\_\_

Benjamin \_\_\_ Judah \_\_\_ Levi \_\_\_ Naphtali \_\_\_ Reuben \_\_\_

\_\_\_ **Yes** \_\_\_ **No** One of our household members needs to be housed in a handicap-accessible room (check Y or N)

# Additional Information

Home Congregation & City: \_\_\_\_\_

Please list any dietary needs or concerns, including food allergies (include name of individual to which they apply): \_\_\_\_\_

If you're paying for another household's registration (i.e. extended family), please list their name here: \_\_\_\_\_

## Full Week Rate

*Includes 5 nights & meals from Sunday evening meal to Friday lunch.*  
 Ages 10+ w/ AC | \$320  
 Ages 3-9 w/ AC | \$265

## Half Week Rate

*Includes 2 nights & 5 meals. If additional lodging/meals needed, contact the office.* Ages 10+ w/ AC | \$170  
 Ages 3-9 w/ AC | \$140

## Amenity/Program Fee

\$75 per Family  
*Includes households' contribution toward speaker honorarium, access to Camp Okoboji's recreational equipment, and any expenses for Family Retreat #1 & #2's activities. Collectively, these program fees are what'll make the Family Retreat Experience happen!*  
**NOTE: \$40/Single Household.**

# Calculate Your Family's Registration Fee

**DEPOSIT FEE:** A \$75 non-refundable / non-transferable deposit fee is required for completion of this registration (\$40/single households). Either enclose your deposit with this registration or call the Camp Office to pay by credit/debit card. You will NOT receive a confirmation email securing your household's registration & preferred lodging until the deposit is made. Make checks payable to Camp Okoboji.

**CONFIRMATION EMAIL:** Upon receiving your completed Family Retreat Registration Form & Deposit Fee, a confirmation email will be sent to you within 7 business days. Information included in this email will be your household's secured registration, lodging assignment, an invoice with finalized charges, lodging assignment, and information regarding payments. An online payment option will be available after you have received your confirmation email.

**CHILD #3+ DISCOUNT:** Families will pay the full rate for parent(s)/guardian(s) and first two children (18 & younger). Any additional children will receive a 50% Discount. Does not apply to Half Week Registrations.

## Full Week Rate

\_\_\_\_\_ x \$320 = \_\_\_\_\_ # of Ages 10+ w/ AC

\_\_\_\_\_ x \$265 = \_\_\_\_\_ # of Ages 3-9 w/ AC

\_\_\_\_\_ x \$75 = \_\_\_\_\_ \$75 Program Fee  
 (\$40/single household)

**TOTAL** = \_\_\_\_\_

## Half Week Rate

*Includes 2 nights & 5 meals. Indicate which 'half' of the week you plan to stay (i.e. Sunday - Tuesday; Wednesday-Friday) Arrival Day \_\_\_\_\_ Departure Day \_\_\_\_\_*

\_\_\_\_\_ x \$170 = \_\_\_\_\_ # of Ages 10+ w/ AC

\_\_\_\_\_ x \$140 = \_\_\_\_\_ # of Ages 3-9 w/ AC

\_\_\_\_\_ x \$75 = \_\_\_\_\_ \$75 Program Fee  
 (\$40/single household)

**TOTAL** = \_\_\_\_\_

## Terms Of Agreement

I hereby enroll and give permission for my family listed above to participate in all aspects of Camp Okoboji's Family Retreat. I acknowledge that I am responsible for fulfilling payments to all charges and fees for my family's registration. I acknowledge that our participation in this program involves risk, and may result in various types of injury including, but not limited to, the following: sickness, exposure to an infectious/communicable disease, contraction of an infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. I release Camp Okoboji - LCMS of liability and promise to defend and hold harmless Camp Okoboji - LCMS, Camp Okoboji's Board of Directors, camp staff, and volunteers for any sickness, exposure to an infectious/communicable disease, contraction of an infectious/communicable disease, injury, damage, or death arising directly or indirectly out of our participation in this program. I give permission and consent for my family to be included in photographs and videos taken during this camp session. I further give consent that any such images, videos, and interviews may be published and used to illustrate and promote Camp Okoboji - LCMS and the National Lutheran Outdoors Ministry Association. I understand an effort will be made to contact me if a family member needs emergency medical-surgical treatment. I hereby give informed and expressed consent to the staff member selected by the camp to secure proper treatment, hospitalize, order injections, anesthesia, x-ray or surgery as deemed necessary for the adult(s) and child(ren) named above. I accept responsibility for payment of such services.

**Primary Contact Printed Name:** \_\_\_\_\_

**Primary Contact Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_