

YOUTH CAMP REGISTRATION

PLEASE PRINT CLEARLY OR REGISTER AT WWW.LOSD.ORG

Camper Name: _____ Current Grade _____

Male Female Date of Birth _____ / _____ / _____

Returning Camper First Time at Camp Adult Advisor Attending Camp

Parent/Guardian Name: _____

Camp Info Sent Here E-mail: _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone () _____ Cell Phone () _____

Congregation/Organization & Town _____

Allergies/Special Needs: _____

Site & Program Name: _____

Dates Attending: _____

Cabin Mate Request: _____

Return to: Lutherans Outdoors in SD • 2001 S Summit Ave • Sioux Falls SD 57197 • 800-888-1464

WE NEED YOUR HELP! Please help us gather statistical information (often requested in grant applications, by our national camping office, etc.) This is optional.

Camp: NeSoDak Klein Ranch Joy Ranch Outlaw Ranch **Program:** Summer Camp Retreat Other

Gender: ___ Female ___ Male **Disability:** ___ Yes ___ No *Brief description* _____

Age Category: ___ Under 10 ___ 11-18 ___ 19-30 ___ 31-40 ___ 41-50 ___ 51-60 ___ 61-70 ___ Over 70

Racial/Ethnic Group: ___ Multi-ethnic ___ Black / African American ___ White ___ American Indian / Alaska Native ___ Asian / Pacific Islander
___ Hispanic / Latino ___ Arab / Middle Easterner

Non-Refundable Deposit of \$125:

Required for completed registration.

Check Credit/Debt Card

Payment in Full required 2 weeks prior to camp.

Please charge this amount \$ _____ to my Account # _____

Billing Address (If different than to the left) _____

City _____ State _____ Zip _____

Expiration Date _____

Signature _____

How did you hear about this program?

___ Web ___ Mailing ___ Friend/Relative

___ Retreat ___ School ___ Church/Youth Group

___ Other _____

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