

2010 Family Registration Form

(Type in your information, save, then e-mail, mail or fax to Lutheran Island Camp)

Household Name: _____

Address: _____ City _____ St. ____ Zip _____ - _____

Telephone: _____ Cell: _____

Email: _____ (to send correspondence to)

Event Registering for: _____ Dates: _____

	Rate
Head of Household Name: _____	\$ _____

Spouse Name: _____	\$ _____
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Child Name: _____ birth date ____/____/____	\$ _____
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Child Name: _____ birth date ____/____/____	\$ _____
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Child Name: _____ birth date ____/____/____	\$ _____
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Child Name: _____ birth date ____/____/____	\$ _____
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Child Name: _____ birth date ____/____/____	\$ _____
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Total Cost before discounts:	\$ _____
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Discounts allowed: (see brochure or website)	less \$ _____
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Total due:	\$ _____
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Deposit amount: (\$100 minimum)	\$ _____
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Check enclosed or

Credit Card: Name on Card: _____

Visa Master card # _____ expiration date ____/____

Please send Family Event information to these family and friends:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ St: _____ Zip: _____

City: _____ St: _____ Zip: _____