2009 Camp Lackawanna Program Registration

Camper's Name_____Phone_____Gender_____Grade Completed_____

Address_____City_____State_____Zip_____

Parents Email _____Campers Email _____

_____

Parent or Legal Guardian Day Time Telephone Number

( ) This is my first time at Camp Lackawanna ( ) I would like to register for two camps (2nd camp will be confirmed*, if space allows*, 4 wks before camp's start date

( ) I am registering for one camp

( ) I am registering for Pneuma individually ( ) I am registering for Pneuma with my Youth Group

Tee Shirt Size – 1 FREE Shirt per camper guaranteed for campers registered before May 1st (afterwards, as available)

Shirts are **adult** sizes ( ) Small ( ) Medium ( ) Large ( ) X-Large ( ) 2X-Large

1st Choice _____

Camp Name Dates: From – To

2nd Choice _____

Camp Name Dates: From - To

Cabin Mate Request _____

(We try to honor at least one request and can usually accommodate no more than (1) 3-way cabin mate set

( ) YES! Add our family name to the Friends of Camp Lackawanna mailing list. ( ) I would like to be a Camp Lackawanna Advocate!

Camper's Covenant	**Parent or Guardian Agreement**
Believing that I am a part of the whole people of God, I agree to be responsible for my actions and to live in God's spirit and love throughout my time at Camp Lackawanna. I understand that I must not damage camp property and that I must be respectful to the person and property of the camp staff and my fellow campers. _____ Camper's Signature	I give permission for this child to attend Camp Lackawanna and acknowledge that he/she is expected to be accountable for his/her actions. I understand that I am responsible for any damages caused by my child. In addition, Camp Lackawanna has my permission to use pictures (and/or audio and video tapes) taken of my child during camp to be used for future camp publicity. _____ Parent or Guardian's Signature
Instructions: Please enclose a $35 registration fee (non refundable) for each camp registration. See page 8 of the brochure for information regarding deposit refunds, cancellations and mailing in your registration. The remaining balance is due along with the camper's health form (a recent physical exam is required) two weeks before the camp's start date.	REGISTRAR'S CALCULATION SPACE _____ Postmark 1st Camp Fee _____ 2nd Camp Fee _____ **Total Fee** _____ less Deposit _____ less other Discount _____ **Balance Due** _____

*** Presbyterian Church Affiliation is not a requirement for camp participation.** All registrations will be confirmed upon a first received, first served basis (please see information above for registering for 2 camps). Applications are accepted without regard to race, color or ethnic origin. Many churches provide financial support for campers and this information helps our registrar generate appropriate billing statements. Thank you for your cooperation.

Camper's Home Church Information*

Name of Pastor or Church Officer _____ **Email:** _____

Name of Church _____ **Phone:** _____

Street Address _____ **City, State, Zip** _____

Please check if this description applies to your church:

( ) Presbyterian: Presbytery of Lackawanna **( ) Presbyterian: Susquehanna Valley Presbytery**

( ) Episcopalian: Bethlehem Diocese **( ) Presbyterian: Other Presbytery**

( ) Other Denomination _____

To be completed by Sending Church's Pastor or Church Officer (if one of the above descriptions is checked)

Anticipating that your experience at Camp Lackawanna will be an important step in your faith journey, we pledge our prayers and support for you as a member of our congregation, and we will look forward to hearing from you on your return.

Dear Registrar: Please expect the following Financial support for this camper from our congregation:

$ _____

_____

Pastor or Church Officer's Signature