

LCLC Alumni Family Camp – July 7-10, 2019

Name: _____ Email: _____

Mailing Address: _____
Street City State Zip

Primary Phone: _____ Secondary Phone: _____

1. Please indicate your lodging choice. Prices are for the entire program.

Retreat Center

- 1 Adult \$96.00
- 2 Adults \$192.00
- Adjoining or Neighboring Children’s Room \$75.00

Redeemer Lodge

- \$100.00 per 3-Bunk Room (sleeps 6)
- \$75.00 per 1-Bunk Room (sleeps 2)

Private Cabin (without water, sleeps 12)

- \$50.00 per Cabin per Family

\$ _____ Lodging Total

2. Please indicate your food service choices.

- Adults: \$48.00 per person 13 & older
- Children 6-12: \$35.00 per child
- Children 5 & younger: Free

Please indicate the number of individuals at each rate and include the total.

- Adults: _____ X \$48.00 = \$ _____
- Children 6-12: _____ X \$35.00 = \$ _____
- Children 0-5: _____ X Free = \$ N/A

\$ _____ Food Service Total

3. Please add a \$25.00 family program fee to parts 1 and 2 for your total fee.

- \$ _____ Lodging Fee
- \$ _____ Food Service Fee
- \$ 25.00 Program Fee
- \$ _____ **Total Fee**

4. Please list the names and ages of your family members below. Please continue on the back as needed.

- 1. _____
First Last Age
- 2. _____
First Last Age
- 3. _____
First Last Age
- 4. _____
First Last Age
- 5. _____
First Last Age

Dietary Needs or Restrictions: Meals will be served in St. John's Hall.

6. Payment Method: Please include a \$100 non-refundable deposit or payment in full, along with this registration form.

Check Payment: Make checks payable to "Lake Chautauqua Lutheran Center." Mail to LCLC, 5013 Route 430, Bemus Point NY 14712.

Credit Card Payment: (Visa, Master Card, Discover, American Express)

Card Holder's Name: _____ Card #: _____

Amount to be charged: \$ _____ Exp. Date: _____

3 Digit CSC #: _____ Signature: _____

A Note About Lodging:

Lodging requests will be taken on a first come first served basis. Cabins and Redeemer Lodge have a limited availability. The Retreat Center has ample availability.

Redeemer Lodge: 4, 6-bed rooms available plus 2, 2-bed rooms (bunk beds, dorm-style bath facilities)

Cabins: 5 available (bunk beds, shower house bath facilities in neighboring building)

Retreat Center: 24 rooms available (hotel-style lodging, linens included, private and semi-private bath facilities)

Permission & Authorization: By signing this form, I give those named above permission to participate in the program(s) of Lake Chautauqua Lutheran Center, Inc. (LCLC) noted above, and to be transported by LCLC for supervised off-site activities. In the event of an emergency and/or I am unable to respond, I authorize LCLC staff to seek necessary medical treatment and transport for those named above. I understand that LCLC assumes secondary insurance coverage and that I assume primary coverage. I also give permission to photograph and record (digitally and analog) those named above and to use their images and sound prints in promotional materials/media for LCLC and the Upstate New York Synod of the ELCA.

Signature _____