

REGISTRATION

Register online at www.lclcenter.org

Program Choice

Program Title _____, ____/____ to ____/____

Your Home Congregation _____

City _____ State _____ Pastor _____

Camper Information

Camper's Name *First* _____ *Mid.Int.* _____ *Last* _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home Phone (____) _____

Gender _____ Age _____ Birth date ____/____/____ Grade Completing in June '19 _____

Cabinmate Request _____ One only. Requests must be mutual.

Parent/Guardian First _____ Last _____

If different from above: Address _____ *Apt#* _____

City _____ *State* _____ *Zip* _____

Cell/Day/Work Phone (____) _____ Night/Home Phone (____) _____

E-mail _____

Discounts

Please check all that apply.

See the **"Discounts for You!"** section for eligibility requirements.

- Early Bird — Must send full payment by April 1st
 Bring-A-Friend: _____
 Double Dose
 Family sibling name(s) _____

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 _____

Your signature also gives your permission for LCLC to charge your credit card if noted below.

Deposit & Other Fees Enclosed

Please include the required deposits. Payments may be made by credit card or check payable to "LCLC."

Program Deposit \$ _____

Canteen Advance (\$15 max.) \$ _____

Camp Photo Advance (\$7) \$ _____

Total Enclosed \$ _____ Check # _____ enclosed

(\$25 returned check fee)

Or Charge my Master Card, Visa, or Discover credit card
_____ Exp. Date ____/____/20____ 3 Digit Security Code _____

Campership Request Please send me campership information and an application.

All persons regardless of race, national origin, sex, color, or disability are welcome to attend Lake Chautauqua Lutheran Center on a first come, first registered basis.