

2011 Youth Camps Registration Form

Please mark the camp you wish to attend.

_____ Life Aquatic June 5-11 (\$310/\$320 after May 5th)

_____ Calm Down June 12-15 (\$150/\$170 after May 12th)

_____ Jr. High July 10-16 (\$240/\$260 after June 10th)

_____ Concordia Cub Week July 17-23 (\$275/\$295 after June 17th)

_____ Youth Week July 24-30 (\$265 /\$285 after June 25th)

Please make checks payable to Camp Okoboji for the **full amount**. Mail to: Camp Okoboji, 1531 Edgewood Drive, Milford, IA 51351

\$50.00 Cancellation Fee for Youth Camps.

Camper's Name _____

Address _____

City/State/ Zip Code _____

Birth date ____/____/____ Age ____ Gender M or F Grade completed in 2011 ____

Camper's home phone number (____) ____ - ____ Cell phone: (____) ____ - ____

Camper's email address _____

Congregation Membership _____

Address _____

City/State/Zip Code _____

Pastor, DCE or Church professional's signature _____

Custodial Parent (s) Information

Name _____

Address: _____

City/State/Zip Code _____

Home phone number (____) ____ - ____ Cell phone (____) ____ - ____

Email address _____

Other Parent Information (if different from Custodial parent) or other Emergency Contact

Name _____

Address _____

City/State/Zip Code _____

Home phone number (____) ____ - ____ Cell phone (____) ____ - ____

Email address _____

Concordia Cub Week Craft Choice (Pick 1st and 2nd) _____ Stained Glass _____ T-shirt painting _____ Leather _____ Plaque Painting
_____ String Art _____ Mosaics

Youth Week ONLY T-shirt size (Adult): S M L XL XXL **all camps** Group picture: Yes or No \$6.00

Roommate Preference (**List only two**)

1) _____ 2) _____

Publicity Release – I give permission for my child's picture (without name) to be used by Camp Okoboji for promotional purposes.

Signature _____

Confirmation letters and health forms will be sent via USPS or email (please indicate which email you prefer used) the week following the Early Bird registration date.

Parents of Jr Hi and Youth Week are invited to attend the closing worship services on Saturday morning.

Fees : Fill in only amounts that apply.

Camp registration \$ _____

Group Picture (\$6.00) \$ _____

Bank Money \$ _____

Total Amount Due \$ _____

If paying by Credit/Debit Card please fill in the following information:

Card Number _____

Expiration Date: ____/____ Security Code _____ Total _____

Name _____

Billing Address _____

City _____ State _____ Zip _____