Register online at www.campwartburg.com!

2017 SUMMER CAMP REGISTRATION

Please print. Feel free to make copies of this form.
Please use a separate form for each child or for each program if registering for multiple weeks.

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email of Parent/Guardian _____

Home Church (optional) _____ City _____ State _____

Grade camper enters in Fall 2017 _____ Age _____ Birth Date _____ Gender: M F

Camp Programs and Dates Desired
(**Register early!** If the session you prefer is filled, camp staff will contact you to discuss a second choice or waiting list placement.)

Desired Program/Week #: _____ Roommate Request: _____

Did the camper attend Camp Wartburg last summer? Yes No

How did you hear about Camp Wartburg? _____

Our child has permission to take part in all camp activities under Camp Wartburg's supervision, including off-site activities. Pictures of our child may be used by Camp Wartburg for promotional purposes including a secure online photo gallery for parents to view, Camp Wartburg's website, social media and printed brochures, unless Camp Wartburg is informed otherwise. Our child will comply with the safety requirements for specified camps. We agree to hold harmless Camp Wartburg and its affiliates for all injuries or damages unless caused by their gross negligence or willful neglect. If you feel your camper has any disabilities needing special attention, please contact Ben Konrad, ben_konrad@lcfs.org.

Parent/Guardian Signature _____ Date _____

Please Print Parent/Guardian Name _____

EARLY BIRD DISCOUNT! Discounts on summer camp programs are being offered for early registrations with deposits. $20 off if received or postmarked on or before March 1, 2017. $10 off if received or postmarked on or before May 1, 2017.

Fill in the amount enclosed: $75 deposit for each camp $_____ Full Camp Fee $_____

Please accept my donation to provide scholarship assistance to those less fortunate $_____

Total enclosed $_____

□ Check □ MasterCard □ Visa □ Discover Exp. Date: _____ / _____ 3-digit Security Code _____

Signature _____ Card # | | | | | | | | | | | | | | | |

Print name as seen on card _____

Return with check payable to: Camp Wartburg, 5705 LRC Road, Waterloo, Illinois 62298. Deposits cannot be refunded within 30 days of your camper's scheduled arrival. You will be emailed a registration confirmation along with a what to bring list, health form, arrival and departure times, and parent/guardian information. Please call the camp office at **(618) 939-7715 ext. 10** with your questions.

A confirmation will be emailed. If no email address is given, confirmation will be mailed to the camper's address.