



Family Camp Registration Form

OR register online at www.LRCChome.com

PARENT INFORMATION

Parent or Guardian Names _____

Main Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Church and City _____

Are you a member of Thrivent Financial for Lutherans? Yes ___ No ___

CHILDREN'S INFORMATION

1st Child's Name _____ Male ___ Female ___

Current Grade Level _____ Birthday _____

2nd Child's Name _____ Male ___ Female ___

Current Grade Level _____ Birthday _____

3rd Child's Name _____ Male ___ Female ___

Current Grade Level _____ Birthday _____

EMERGENCY CONTACT

Emergency Contact _____ Relationship to campers _____

Home Phone # _____ Cell Phone _____

Parent # 2 information if necessary _____

Address _____ City, State, Zip _____

Home phone # _____ Cell phone # _____

Please see www.LRCChome.com for the LRCC Refund Policy



Family Camp Registration Form

OR register online at www.LRCCHome.com

PAYMENT INFORMATION

Deposit enclosed \$ _____ Check # _____ Date _____

Name on Card _____

Visa or MasterCard (please circle one) # _____

Expiration Date _____ 3 digit security code on the back of the care ___ _ _

Authorized Cardholder Signature _____

Date _____

I hereby give permission for these campers to participate in the programs and all activities of Lutheran Retreats, Camps & Conferences. I agree LRCC will not be held responsible for accidents or personal injury arising there from. I understand my photo or my child's photo may be taken for use in camp promotional literature and I waive the right to inspect or approve the photo if used for such purposes.

Parent/Guardian Signature _____ Date _____

Please return this form with your \$ _____ / person non-refundable deposit to:

El Camino Pines, 11900 Frontier Road, Frazier Park, CA 93225

Email: Lauri@LRCCHome.com

Phone: (661) 245-3519

Fax: (661) 245- 2047