

2012 El Camino Pines Memorial Day Family Camp Registration

May 26-28, 2012

Please fill out completely and return to the LRCC Administrative Office at
11900 Frontier Rd. Frazier Park, CA 93225, Fax (661) 245-2047, or Email Lauri@LRCCHome.com

Name: _____ Congregation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Residential Camping: (Includes shared lodging in one of our cabins, shower facilities on site, seven meals and all programming)

I am bringing: _____ Participants ages 12 and up at \$109/person
_____ Participants ages 4-11 at \$89/person
_____ Participants ages 0-3 at no charge

\$335 Maximum per family

Campsites Camping: (for tents, RV's, and trailers Includes seven meals and all programming)

I am bringing: _____ Participants ages 12 and up at \$99/person
_____ Participants ages 4-11 at \$69/person
_____ Participants ages 0-3 at no charge

\$295 Maximum per family

I will be paying by:

___ Check (# _____)

___ Deposit Only (\$100 per family, I'll pay the rest two weeks before the retreat)

___ Full Amount \$ _____

___ Credit Card

___ Deposit Only, (\$100 per person, I'll pay the rest two weeks before the retreat)

___ Full Amount \$ _____

Name on Card _____

Billing Address _____

Card Number _____ Exp. Date _____

Card Verification # (3 #s on back of card) _____

If you have any questions about Memorial Day Family Camp,
please contact us at (661) 245-3519 or Lauri@LRCCHome.com

PLEASE FILL OUT NEXT PAGE

Please read this important information:

-We do expect to be at full capacity for this weekend, please reserve your spot early!!!
-No registrations will be accepted without a \$100 deposit per family with the completed registration form. The balance is due two weeks before the retreat begins. See our refund policy at <http://www.lrcchome.com/refund>

I will be bringing the following Participants:

Name	Gender	Age

Emergency Contact

Emergency Contact _____ Relationship to Family _____

Home Phone # _____ Cell Phone _____

Dietary Preferences:

Allergies:

I hereby give permission for my family 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 _____