



2008 LINCOLN LAKE BAPTIST CAMP REGISTRATION FORM

Camper's Full Name: _____ DOB: _____

Father's Full Name: _____ Mother's Full Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Shirt Size: _____

CAMPS: SENIOR HIGH JUNIOR HIGH JUNIOR SPURT MINI FAMILY

Week Requested: _____

Church and Church's City: _____

Grade Entering in Fall: _____ Cabin Mate Requested: _____

Family Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Are there any health or behavioral conditions that LLBC should be aware of? _____

Medications taken regularly (MUST be in original container ONLY) _____

Current infectious diseases or conditions: _____

Allergic Reactions: Bee Stings? _____ Food? _____ Other? _____

Immunization Record: Are all immunizations up to date? _____

Other medical concerns for your child: _____

I authorize my child to be picked up by the following individuals (family member/church/etc): _____

In case of emergency or general medical care, I give consent for medical treatment for my child, named above, by authorized personnel. The camp carries secondary accident insurance which means all claims must be submitted to the parent's insurance carrier first, then the unpaid balance will be submitted to our carrier. I understand that Lincoln Lake Baptist Camp will not release my camper to anyone without written permission. I certify the above child has my permission to attend camp and participate in all activities. I realize that my camper's picture and testimony may be used in the promotion of the camp. My child may also receive e-mails, letters and mailings from Lincoln Lake Baptist Camp.

Payment Method: Check Credit Card Amount to be charged \$ _____

Card Number: _____ Card Type: _____ Exp. Date: _____

SIGNATURE OF PARENT/GUARDIAN _____

Mail completed form and fee to: Lincoln Lake Baptist Camp - 15113 Lincoln Lake Ave. Gowen, MI 49326 - Phone: 616.984.2125 - Fax: 616.984.7160

FAMILY CAMP

ACCOMMODATIIONS

PLEASE LIST ALL ATTENDING MEMBERS OF THE FAMILY

- ___ Cabins
- ___ Lodge
- ___ RV Site

NAME	DOB
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

FOR CAMP USE ONLY
DATE REC'D _____
PAID _____
BALANCE _____