

2008 Day Camp Registration Form

Send the registration packet to (check one) Group/Congregation Contact Person

Name of Group/Congregation: _____

Phone: _____ Fax: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Other churches involved: _____

1st Choice of Dates: _____

2nd Choice of Dates: _____

Total number of campers expected: _____

Deposit Amount: _____

A non-refundable deposit of at least \$800.00 must accompany each registration.

Check Number: _____ Signer: _____

Please charge my: Visa MasterCard Discover

Amount: \$ _____

Account Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Signature Required

I confirm that the information provided is correct to the best of my knowledge. I understand deposits are non-refundable, non-transferrable, and hold places but not rates. I understand that in order to receive the benefit of an early discount rate, full payment and this registration form must be postmarked by the discount rate deadline date.

Signed: _____ Date: _____

Printed Name: _____



Living Water Ministries

A Shared Mission of the Lower Michigan Synods, ELCA

Mail all forms to:

Registrar, Living Water Ministries • 3506 Garling Road, Fairview, MI 48621
(989) 848-2230 • fax: (989) 848-5797