



Stony Lake Lutheran Camp

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Email: stonylake@elcalivingwater.com or www.elcalivingwater.com

Name: _____

Dates you would like to volunteer _____

Work Phone: _____ Mobile Phone: _____

Home phone: _____

Address #1 _____

City _____ State _____ Zip Code _____

Expected dates that this address should be used _____

Address #2 _____

City _____ State _____ Zip Code _____

Expected dates that this address should be used _____

e-mail address: _____

Emergency contact: _____ **Relationship:** _____

Day Time Phone: _____ Night Time Phone: _____

Mobile Phone _____