



Lightseekers Camp Registration Form

Mile High Pines
June 25-29th, 2018

Registration is not complete until this signed form is returned to the office.

CAMPER INFORMATION

Camper Name: _____

Age: _____ Grade Completed: _____

T-Shirt Size: _____ Home Church: _____

PARENT INFORMATION:

Mom's Name: _____ Dad's Name: _____

Mom's Cell: _____ Dad's Cell: _____

Mom's Email: _____ Dad's Email: _____

Address: _____

Extra Emergency Contact: _____

Relation to Camper: _____ Phone Number: _____

PAYMENT INFORMATION

Lightseekers Camp cost: \$300

Please include a minimum non-refundable deposit of \$50

Deposit Received Amount \$ _____ Check # _____

Please contact me regarding scholarship options

I understand that a space will be reserved for my child. I understand that I am financially responsible for the total camp cost, including any awarded scholarship, if for any reason my child is unable to attend.

Parent Signature: _____ Date: _____