



Complete form + mail to:
 Lakeshore CRC
 1458 Pilot Knob Rd
 Eva, TN 38333
 Phone # 731-584-6102
 Fax # 731-584-2267

Lakeshore Camp Summer 2019 Registration Form

website: www.lakeshorecamp.org email: office@lakeshorecamp.org

Office use only
 Entered _____

CAMPER INFO I am a **first time** camper I am a **returning** camper I have an **address change**

Camper: First name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip _____
 Birth date: ____/____/____ Male Female Camper age: _____ Camper Email: _____
Church name: _____ (If United Methodist, give specific church name (*not just 1st Methodist*))
 Check here to receive email confirmation** - email to : _____ (please print)
 **If this box isn't checked you will NOT receive a written confirmation.

FAMILY INFO

Mother/Guardian:
 Last name: _____
 First name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Address: (if different from camper) _____

Father/Guardian:
 Last name: _____
 First name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____
 Address: (if different from camper) _____

CAMP CHOICES

	Camp Name	Camp Date	Camp Fee
#1	_____	____/____/____	_____
#2	_____	____/____/____	_____
#3	_____	____/____/____	_____

I am registering for one camp week only and the choices listed here are in the order of preference of weeks that I would like to attend. Amount due is for one camp session only.

I am registering to attend more than one camp week – I want to attend each one of the camps listed here and amount due is total of all camp fees listed

ROOMMATE REQUEST

(#1) _____
 (#2) _____

Put most desired roommate as #1 choice

For your choice to be guaranteed, two campers must mutually request each other as their #1 request

FULL payment (less amount church will pay) must accompany application.*

Total amount due = \$+ _____
 Less amount church to pay * \$ - _____
 (*church name + billing info must be filled out for this deduction)

I want to add \$5.00 (or more) to help scholarship a needy child's camp experience.
 \$+ _____
 (Enter amount you wish to donate)

Total payment enclosed \$= _____

If you would like to take advantage of the payment plan just pay \$50 and call the office to set up payments (available through April). Or if by credit card complete information in space provided*

*If church is to be billed all information **must be** provided:

Church name: _____
 Billing Address _____
 City _____ St _____ Zip _____
 Pastor's Name: _____
 Church Phone# _____
 Charge approved by * _____
 (*Approval signature must be of authorized church official)

**Credit card information: Visa _____ Mastercard _____
 Card # _____ 3 digit security code: _____
 Exp Date: ____/____/____ Amt authorized to charge: \$ _____
 Signature: _____