



# Summer 2021 Registration Form

website: www.lakeshorecamp.org  
email: office@lakeshorecamp.org  
Phone # 731-584-6102 \* Fax # 731-584-2267

Complete **both** sides of form + mail to:  
**Lakeshore Camp & Retreat Center**  
**1458 Pilot Knob Rd**  
**Eva, TN 38333**

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*)

Email confirmation to \_\_\_\_\_ or check for mailed confirmation

How did you hear about us?  Website  Social Media  Church  Friend  Event  Other \_\_\_\_\_

### 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**

\*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)

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

Total amount due = \$+ \_\_\_\_\_

Less amt 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 amt you wish to donate)

Total pymt 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 May).**  
Or if by credit card complete information in space provided\*\*

\*\*Credit card information: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Card # \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

Exp Date: \_\_\_/\_\_\_/\_\_\_ Amt authorized to charge: \$ \_\_\_\_\_

Signature: \_\_\_\_\_