



Summer 2024 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 _____

Handicap Accessible Lodging Needed? Yes No

T-Shirt Size? (Circle one) YS YM YL AS AM AL AXL

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)

AMOUNT CHURCH WILL PAY \$ _____

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: _____