

**2008 LUTHER SPRINGS TRAVELING DAY CAMP
Registration Form**

Congregation & City _____
Address: _____
City: _____ State: _____ Zip: _____
Church Phone: (____) _____ Pastor: _____
Day Camp Contact Person: _____ Phone: (____) _____
E-mail Address: _____

The LOMF Day Camp program can be customized to suit your needs. We offer three different sizing packages for camps expecting 30, 50 and 70 campers. For larger camps, these packages can be combined to increase camper numbers (ex. a congregation requests option A and option B, for a total of 80 campers.)

Preferred Package:

- A** Up to 30, K – 5th grade campers
\$1,800.00
- B** Up to 50, K – 5th grade campers
\$3,000.00
- C** Up to 70, K – 5th grade campers
\$4,200.00

Preferred Dates:

- 1st Choice _____
- 2nd Choice _____
- 3rd Choice _____

Your congregation has the option of including your Middle School students in the Day Camp experience; however, your Middle School group counts as a minimum of 10 campers from your total, and increases by increments of 10. Example: your congregation has registered for a Day Camp of up to 50 campers, WITH the Middle School option, so you can enroll 40 elementary campers and 10 Middle School campers, or 30 elementary campers and 20 Middle School campers.

- M** Middle School Option (no cost)

Please note: *Your total camper number limit is an important limitation that must be closely followed. LOMF and its staff prepare and plan for camper numbers based upon these registration numbers, and the overall program quality, as well as camper safety, depend upon your careful management of the registered camper numbers.*

*Please complete and return to the LOMF office with a **25% deposit**. An additional **25%** is due April 15, with the total balance due upon completion of your camp week.*

TOTAL DUE \$ _____
DEPOSIT ENCLOSED \$ _____ or (CC on reverse)
REMAINING BALANCE \$ _____

Available weeks begin with Monday, June 15th, 2008, and will conclude with the week beginning August 4th, 2008 for 8 possible programming weeks.

**Mail to: Lutheran Outdoor Ministries of Florida
3815 W State St
Tampa FL 33609-1259
(813) 801-9600**

Credit Card Payment Processing Form

Credit Card Number _____ **Expiration Date** _____

Name (As it appears on card) _____

Credit Card Billing Address _____

City _____ **State** _____ **ZIP** _____

Payment Amount Authorized (deposit amount) \$ _____

Signature _____ **Date** _____