



# CAMPER REGISTRATION FORM

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**NOTES:**

**2008 Camp Location**

Holy Spirit  
Lutheran Church  
6670 W.  
Cheyenne Ave.  
Las Vegas, NV  
)

**Early Bird Savings**

*If you register by:  
July 1st*

*Invite your friends to camp!*

Camper's Name: \_\_\_\_\_

Gender: Male Female

Date of Birth: (mm/dd/yy) \_\_\_ / \_\_\_ / \_\_\_

**T-Shirt Size**  
(please circle one)  
Child **S M L**  
Adult **S M L XL**

Age / Grade Completed: \_\_\_\_\_ / \_\_\_\_\_

Medication: \_\_\_\_\_ Dose / Time: \_\_\_\_\_ / \_\_\_\_\_

(Provide to Manager in **original container** with medication form.) If your child takes any form of medication regularly during school, we request that they be taken during Camp Hope as well. **Allergies or Diet Restrictions:**

**Attending Camp Hope Week (s)**

Check all that apply

Week 1 - August 4-8

Week 2 - August 11-15

rate per week **\$80**

Early Bird weekly rate **\$60**

**Attending Before Camp (BC) and/or After Day (AD)**

Before Camp (BC) 7:30 - 9:30 am

After Day (AD) 3:30 - 5:30 pm

Before Camp & After Day are **\$20** per week

**Pizza Day — Wednesday Only**

Week 1  Week 2

Cost is **\$2** for each week

**Total \$\$ Due**

**50% NON-REFUNDABLE Deposit**

(Please attach payment to this form)

**Balance Due**

( on the first Day of each camp week)

**Make checks payable to GSLC**

**Mailing Address:**

Good Samaritan Lutheran Church  
6500 W. Flamingo Rd  
Las Vegas, NV 89103  
Phone: 702-873-3589  
Fax: 702-873-8437  
Email:  
dreese@gsclasvegas.org  
[www.gslclasvegas.org](http://www.gslclasvegas.org)



# CAMPER REGISTRATION FORM

PLEASE COMPLETE ALL OF THIS FORM  
Do not leave any blanks empty—for your child's safety

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Name of Parents \_\_\_\_\_ Home# \_\_\_\_\_

Wk/Cell# \_\_\_\_\_ Dad Wk/Cell# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Addresses / Names \_\_\_\_\_

Home Church \_\_\_\_\_

Insurance Company (if none, please indicate as n/a) Policy#	Phone :	
Dr.'s Name	Phone:	
Emergency Contact if parent cannot be reached. Please list daytime numbers.		
Name	Phone	Relationship
Name	Phone	Relationship

The child registered on this form has my permission to participate in Camp Hope Ministries, Inc. during indicated sessions. I agree that Good Samaritan Lutheran Church and Holy Spirit Lutheran church and/or the ELCA will not be held responsible for accidents arising thereof. I am responsible for any medical obligations incurred during these camp activities and give the camp permission to seek treatment in case of injury or illness. I give permission for Good Samaritan Lutheran Church and or/the ELCA to use, publish or disclose in newsletters, brochures, periodicals, posters, website or other media-related vehicles, any photographs, videos, audios or other material in which my child may have appeared, spoken, written or otherwise been represented. I understand that I am ultimately responsible for my child's behavior at camp and that they will be expected to sign and live by the camp covenant which states: "I will show respect for God, others, and myself". I know that violation of this covenant can and will result in my child being removed from the program.

Parent or Guardian Signature / Date \_\_\_\_\_

