

## LUTHERAN CAMPING CORPORATION EVENT REGISTRATION FORM

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## LUTHERAN CAMPING CORPORATION EVENT REGISTRATION FORM

| Name  | Name               |
|---|--------------------|
| Address   | Address            |
| City, State, Zip                                  | City, State, Zip   |
| Telephone Number                                  | Telephone Number   |
| Email  □ Send my confirmation materials by email. | Email              |
| Congregation City                                 | Congregation City  |
| Roommate Request                                  | Roommate Request   |
| Special Needs                                     | Special Needs      |
|   |                    |
| Name of Event:                                    | Name of Event:     |
| Location of Event:                                | Location of Event: |
| Date(s) of Event:                                 | Date(s) of Event:  |
|   |                    |

Please fill out one form per participantphotocopies may be made.

Mail this form with check payable to:

Lutheran Camping Corporation
PO Box 459

Arendtsville, PA 17303

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PO Box 459

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