



LUTHERAN CAMPING CORPORATION EVENT REGISTRATION FORM

Name _____

Address _____

City, State, Zip _____

Telephone Number _____

Email _____
 Send my confirmation materials by email.

Congregation _____ City _____

Roommate Request _____

Special Needs _____

Name of Event: _____

Location of Event: _____

Date(s) of Event: _____

Please fill out one form per participant-
photocopies may be made.

Mail this form with check payable to:

*Lutheran Camping Corporation
PO Box 459
Arendtsville, PA 17303*



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