



**Emmanuel Lutheran Church**

**Confirmation Camp 2024**

**August 13-15, 2024**

**Camp Luther**

**1889 Koubenec Rd.**

**Three Lakes, WI 54562**

## REGISTRATION FORM

Return form and \$25 deposit by March 17<sup>th</sup>

**Confirmand's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent's Name(s)** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name and Phone #:** \_\_\_\_\_

**What about camp is your child most excited for:** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any reservations about camp?** \_\_\_\_\_

\_\_\_\_\_

☐ **I give permission for my child to travel to and from camp on August 13-15 with Pastor Marks.**

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A list of what to bring to the camp will be provided once your child is registered. A simple medical form will also be provided which will help us to care for your child while at camp. The members of Emmanuel have generously contributed to cover the majority of the cost of camp, but your \$25 deposit will be used toward the cost of transportation and meals on the trip and must be paid at the time of registration. If any additional payment is necessary, it will be communicated to families by the end of April. If you have any questions, please contact Pastor at (920) 994-9005, (920) 400-0425 or [pastor@emmanueladell.org](mailto:pastor@emmanueladell.org).

To be completed by Church representative only

Registration received by \_\_\_\_\_ on \_\_\_\_\_

☐ \$25 deposit paid