



## Camper Registration 2024

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Church: \_\_\_\_\_

### Registration is made for week of (choose one):

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-Teen       | <input type="checkbox"/> Art                                       |
| <input type="checkbox"/> Middle School  | <input type="checkbox"/> Quilters                                  |
| <input type="checkbox"/> Family Week #1 | <input type="checkbox"/> Intellectual & Developmental Disabilities |
| <input type="checkbox"/> Family Week #2 | <input type="checkbox"/> Senior Citizen                            |
| <input type="checkbox"/> Family Week #3 | <input type="checkbox"/> LWML/Women's Retreat                      |

### *Pre-Teen & Middle School Week Information:*

Current Grade Level: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Emergency Phone Number: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian name(s): \_\_\_\_\_

I hereby grant permission for my child, \_\_\_\_\_ to participate in all activities sponsored by Camp Linn Haven including field trips.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail form with \$50/person deposit to: Camp Linn Haven, PO Box 1096, Conover, NC 28613

Reservations will be made on a first come, first serve basis. You will be notified if your request CANNOT be honored. NO confirmations will be sent unless requested and a self-addressed, stamped envelope accompanies registration form.