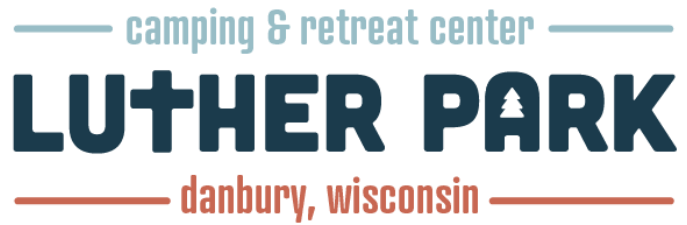


Grand Camp
 Registration Form
 August 3-6, 2025
One per family, please!



*If every adult/child has the same address, you can just fill it out once.

Primary Adult Name _____ **Additional Adult Name** _____

Address _____ City _____ State _____ Zip Code _____

Congregation _____ City _____ Birthdate(s): _____

Child Name _____ Age by date of Arrival ____ Birthdate _____

Address _____ City _____ State ____ Zip Code _____

Child Name _____ Age by date of Arrival ____ Birthdate _____

Address _____ City _____ State ____ Zip Code _____

Child Name _____ Age by date of Arrival ____ Birthdate _____

Address _____ City _____ State ____ Zip Code _____

Child Name _____ Age by date of Arrival ____ Birthdate _____

Address _____ City _____ State ____ Zip Code _____

____ I prefer an email registration confirmation ____ I prefer a phone call registration confirmation

Email: _____ Phone: _____

We would like to commute daily.

We would like overnight lodging. Please select your first and second choice.

- | | | |
|---|--|---|
| <input type="checkbox"/> Cabins:
\$185 per adult/child ages 13+
\$92 per child ages 5-12 | <input type="checkbox"/> Retreat Center:
\$252 per adult/child ages 13+
\$126 per child ages 5-12 | <input type="checkbox"/> Campground:
\$145 per adult/child ages 13+
\$72 per child ages 5-12 |
| <input type="checkbox"/> Log House:
\$210 per adult/child ages 13+
\$105 per child ages 5-12 | <input type="checkbox"/> Treehouses:
\$173 per adult/child ages 13+
\$86 per child ages 5-12 | <input type="checkbox"/> Commuter:
\$45 per adult/child ages 13+
\$91 per child ages 5-12 |

All Children 4 and under are free.

Please note: Your first choice of lodging may not be available, please call if you want to check availability before sending in payment.

We would like to Pay:

Deposit: \$75

Full Price: \$_____ (please add up the cost and write the total)

OR we would like to... Request Full Scholarship Request Half/Partial Scholarship of _____

Method of Payment

Check: Make payable to Luther Park

Credit Card: Visa Mastercard AMEX Amount \$_____ Card number _____

Exp ___/___ CSC# (3 or 4 digits on back) _____ Signature _____