

Camp registration form side 1

Please note: You may register online at www.campminnesota.org/campsessions. You may also register by mail by completing this form and mailing it and your deposit to: Camp Minnesota, 122 W. Franklin Ave., Suite 400, Minneapolis, MN 55404. Registration forms may also be emailed to camps@campminnesota.org. Questions? Call (855) 622-1973 (toll-free) or e-mail us at camps@campminnesota.org.

Part 1: Camper Information

Full name: _____ Mailing address: _____
Grade completed as of June 2022 (if under 19): _____ City: _____
Birth date: _____ State: _____
 Male Female Ethnicity (optional): _____ Zip code: _____
Cell phone: _____ Home phone: _____ Home e-mail: _____

Part 2: Camp Information

Please enroll me in
Camp number: _____
Camp name: _____
Dates: _____
Church name & City: _____
Church denomination*: _____
No Church Affiliation

Please send ALL my camp materials and information via
 Regular mail only E-mail only
Preferred e-mail address: _____
Roommate/Cabin Mate Request: _____

Part 3: Parent/Guardian/Emergency Information

Guardian 1 full name: _____ Relationship: _____
Guardian 1 work #: _____ Guardian 1 cell #: _____ Guardian 1 e-mail: _____
Guardian 2 full name: _____ Relationship: _____
Guardian 2 work #: _____ Guardian 2 cell #: _____ Guardian 2 e-mail: _____
Emergency contact (must be different than guardians)*:
Full name: _____ Relationship: _____
Work#: _____ Cell #: _____ E-mail: _____

Signature of guardian is required if under 18: _____

Part 4: Camper's Needs

Camper's dietary needs: None Yes (Please list): _____
(Examples: food allergies, restrictions, vegetarian, lactose intolerance, etc.)

Help us understand your camper's needs (disabilities, injuries, health issues, etc.). Check all that apply:

- | | | | | |
|--|--|---------------------------------------|---|--|
| <input type="radio"/> No Health Concerns | <input type="radio"/> Allergies (other) | <input type="radio"/> Autism | <input type="radio"/> Genetic syndrome | <input type="radio"/> Gender identity accommodations |
| <input type="radio"/> ADD | <input type="radio"/> Anxiety/depression | <input type="radio"/> Diabetes | <i>(e.g. Down Syndrome)</i> | <input type="radio"/> Physical disability |
| <input type="radio"/> ADHD | <input type="radio"/> Aspergers | <input type="radio"/> Eating disorder | <input type="radio"/> Learning disability | <input type="radio"/> RAD |
| <input type="radio"/> Allergies (seasonal) | <input type="radio"/> Asthma | <input type="radio"/> EBD | <input type="radio"/> OCD | <input type="radio"/> Other |

Other info—please provide additional information if needed: _____

*Required

(855) 622-1973 (toll-free) or www.campminnesota.org

Register

Camp registration form side 2

Part 5: Camp Cost and Payment Information

Note: A \$100 deposit is requested with registration. If not included, please explain in comments section.

Cost of camp:	\$	_____
Donation to camperships (optional):	\$	+ _____
\$25 discount for each friend referred*:	\$	- _____
Local church scholarship	\$	- _____
TOTAL:	\$	_____

*Name of each referred friend (Referred friends must be new campers to Camp Minnesota and must register for camp for discount to be applied.): _____

Comments: _____

Checks: Make checks payable to: **Camp Minnesota.**

Credit Cards: Please complete the information below. Additional payments can be made by calling the camping office at (855) 622-1973 (toll-free).

Visa Card number: _____ Exp. date (MM/YY): _____
 MasterCard Amount to charge: \$ _____ 3-digit verification code _____
 Discover (on back of credit card by signature)

Name as it appears on card (please print): _____

Signature: _____

Part 6: Campership Request

It is the position of the Camp and Retreat Council that no potential camper be turned away from having an annual camp experience because of a personal lack of funds. We seek to provide campership grants based on individual and family needs. Our expectation is that your local church, personal funds, and conference support will combine to cover the registration costs. Campers with no connection to a local church may contact the camping office for information on support options. Apply online at www.campminnesota.org/camperships or check below. **If you check below, we will send you a campership application that you must fill out and return to the camping office.**

Please send me a campership application via: Regular mail E-mail

Part 7: Register for Camp in One of Four Ways

1. Send form to**: Camp Minnesota
DAK/MN Area Central Camping Office
122 W. Franklin Ave., Suite 400
Minneapolis, MN 55404
2. Register online at: www.campminnesota.org/registernow
3. Scan and e-mail completed registration forms to camps@campminnesota.org
4. Call the Camp Minnesota office at (855) 622-1973 (toll-free)

**Don't forget to send in your \$100 deposit when you register.