

## LUTHEROAD DAY CAMP REGISTRATION FORM - 2021

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade Entering, Fall 2021 \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Early registration Prior to April 1:

Please return this form and a check to COS for \$145 or a \$50 deposit

Regular Registration After April 1:

Please return this form and a check to COS for \$165 or a \$50 deposit

\$145 for you and a friend if you register with a non COS friend

\*This form is for registration only. Health and permission forms will be sent prior to camp.

Christ Our Shepherd Lutheran Church

Attn: Ingrid Hudson

101 N. Peachtree Parkway

Peachtree City, GA 30269

Or turn in at the church reception desk