

CAMP LUTHER CAMBERSHIP PROGRAM APPLICATION FORM

PEACE LUTHERAN MINISTRIES

PARENT'S NAME(S) AND ADDRESS:

CHURCH MEMBERSHIP:

EMAIL ADDRESS: _____

PHONE #: _____

CAMPER INFORMATION:

NAME	Grade in 2024-25	DATES ATTENDING
<u>Child 1</u>		
<u>Child 2</u>		
<u>Child 3</u>		

Is this the first time your child is attending Camp Luther?

(CHECK ONE)

CHILD 1 YES NO

CHILD 2 YES NO

CHILD 3 YES NO



OFFICE USE ONLY

Date Received:

Order Received:

First Time Camper: 1 2 3