CONFERENCE CAMP REGISTRATION

(Please check event(s) for which you are registering)

___Work Weekend, April 25-27
___Sr. High Conf. Camp, June 8-13 **$271**
___Jr. High Conf. Camp, June 15-20 **$271**
___Kaleo Calamus Canoe Quest, June 20-23 **$124**
___Primary Conf/Unit Camp, June 29-July 1 **$108/$54**
___Junior Conf. Camp, June 22-27 **$262**
___FOCUS, July 6-11 **$278**
___Young Adult Retreat, August 1-3 **$86**

CAMPER'S NAME_____ HOME CHURCH_____
ADDRESS_____ BIRTHDATE_____ AGE_____
CITY, STATE_____ ZIP_____ GRADE ENTERING_____ M/F_____
PARENT/GUARDIAN NAME_____
HOME PHONE_____ WORK PHONE_____ CELL PHONE_____
E-MAIL ADDRESS_____
JUNIOR CAMPERS ONLY: Name a cabin mate (optional)_____

PARENT/GUARDIAN RELEASE: _____ has my permission to participate in camp.
PARENT/GUARDIAN SIGNATURE_____ DATE_____
PASTOR'S SIGNATURE_____
Please designate those who are authorized to pick up your child: _____

Please refer to Registration Information (page 2) in this brochure for deposit and payment information. Make checks payable to "Outdoor Ministries" and send your deposit and this form to:

KAMP KALEO, 46872 WILLOW SPRINGS RD, BURWELL, NE 68823

Parents/Guardians must fill out the Health Form which you will receive with registration confirmation. NO ONE will be admitted without a completed health form.

HORSEBACK RIDING - Trail Riding is offered to campers in grades 4 - 12 during the recreation time. This is an extra activity and is not included in the camp registration fee. **See page 6 for more information.**

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CREDIT CARD HOLDER BILLING ADDRESS:

Address_____ Credit Card #: | | | | | | | | | | | | | | | | |

City: _____

State: _____ Zip: _____ $_____ Charge Amount Exp. Date | |

☐ **VISA** ___ ___ ___ SECURITY CODE **Name** (print)_____

☐ **MC** ___ ___ ___ SECURITY CODE **Signature**_____

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.

OFFICE USE ONLY:
Date Received: _____ Camp Deposit: _____ Balance: _____
Trail Ride Deposit: