



2012 Day Camp Reservation Form

Adventure is Everywhere...We've Got Spirit!

Ephesians 4:4-6

Congregation: _____

Mailing address: _____

Church phone number: _____

Church email address: _____

Pastor's name: _____

Day Camp Coordinator's name: _____

Day Camp Coordinator's email address and phone number: _____

Estimated number of children coming to your Day Camp; _____

Option chosen: _____ *See pricing options sheet

Dates are reserved on a first come first serve basis; please write 1 and 2 next to your preferred Day Camp dates. Camp Lutherwood Staff will contact you upon receiving your deposit and reservation form with the dates assigned to your Day Camp.

____ June 24-29

____ July 1-6

____ July 8-13

____ July 15-20

____ July 22-27

____ July 29-Aug 3

____ August 5-10

LUTHERWOOD DAY CAMP and CONGREGATIONAL RESPONSIBILITIES AGREEMENT:

1) Day Camp is an opportunity for the young people in your congregation and community to have a Christian summer camp experience at their home or neighborhood church. We know your congregation desires to provide a safe, caring atmosphere for these young ones to hear, touch, see and feel the love of Christ through the day camp you are offering. Each congregation is responsible for the safety of each camper and that each participant (except Lutherwood staff) is covered under the congregation's insurance policy.

2) Your Congregation volunteers provide the primary supervision of the children who participate in your Day Camp week. Supervision must be provided by persons 18 years/older at a ratio of 1 Adult to every 8 campers. Failure to do so may result in the discontinuation of the Day Camp program until adequate adult supervision is found.

3) Camp Lutherwood is responsible to supply the program and staff to your congregation to facilitate the day camp. Lutherwood staff is covered under Camp Lutherwood's insurance policy. A final bill is given to the coordinator during the Day Camp week. Payment is due on the Friday at the end of camp.

4) Participating congregations must agree to follow the procedures and policies as written in the Lutherwood Day Camp Handbook and Risk Management Plan and to participate in a pre-summer workshop regarding planning and preparing for Day Camp 2012.

Day Camp Coordinator _____ Date _____

Pastor/Council President _____ Date _____

Mail Reservation Form and \$400 deposit (nonrefundable after March 1, 2012) to:

Camp Lutherwood Day Camp

22960 Hwy 36

Cheshire, OR 97419

office@lutherwoodoregon.org

OFFICE USE:

Date Rec'd _____ Deposit Rec'd _____ Check # _____ Training Date/Location: _____