



2017 Day Camp Reservation Form

Congregation: _____

Mailing address: _____

Church phone number: _____

Church email address: _____

Pastor's name: _____

Congregational Day Camp Coordinator's name: _____

Congregational Coordinator's email address and phone number: _____

Estimated number of children coming to your Day Camp: _____

Day Camp Package: Package A (3 staff/\$1650) _____ Package B (4 staff/\$2050) _____ Package C (5 staff/\$2450) _____

Date Preference: *PLEASE NOTE: 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 25-30 (2 spaces)**

_____ **July 23-28 (3 spaces)**

_____ **July 9-14 (2 spaces)**

_____ **July 30-August 4 (3 spaces)**

_____ **July 16-21 (3 spaces)**

_____ **August 6-11 (1 space)**

DAY CAMP CONGREGATION EXPECTATIONS:

By signing up for a Lutherwood Day Camp, the congregation, Pastor and Day Camp Coordinator agree to meet the following expectations, understanding that an inability to meet the expectations could result in cancellation of Day Camp.

- 1). Day Camp Congregations are responsible for providing insurance that covers all day campers and volunteers during Day Camp. Proof of insurance is to be provided to Camp Lutherwood Oregon 2 weeks prior to Day Camp.
- 2). Day Camp Congregations will provide housing for the Lutherwood staff, preferably in one home if possible, providing housing information at least 2 weeks prior to Day Camp.
- 3). Day Camp Congregations will provide one adult (over 18 years of age) for every 10 campers; these adults will be present and involved in the entire Day Camp day/program.
- 4). Day Camp Congregations will send at least one representative to a scheduled Lutherwood training workshop during the spring.
- 5) Participating congregations must follow the procedures and policies as stated in the Lutherwood Day Camp Handbook and Risk Management Plan.

Day Camp Coordinator _____ Date _____

Pastor/Council President _____ Date _____

Mail reservation form and \$400 non-refundable deposit to:

Camp Lutherwood Day Camp
22960 Hwy 36
Cheshire, OR 97419
daycamp@lutherwoodoregon.org

OFFICE USE:

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