

SALEM SUMMER CAMP 2008
"WHERE I BELONG"
JULY 6TH - 11TH

Please print the following information: (Separate form for each child.)

Child's Full Name _____

Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening Phone (_____) _____

Guardian Email _____

INDICATE THE AGE & GENDER OF CAMPER PARTICIPATING:

(Please note that each program is housed separately, which could affect cabin mate requests.)

Alpha (8 - 12 yr olds) _____ Male _____ Female

Omega (13 - 18 yr olds) _____ Male _____ Female

CABINMATE REQUEST: (Up to two requests of same gender/age)

1. _____

2. _____

COST: \$445.00 per camper

****If registered by March 30th: \$410.00 ****

DEPOSIT: \$50 per camper

Deposit must be included with this registration form.

*****The deposit is non-refundable!*****

*Please make checks payable to Salem Lutheran Ministries and
write Summer Camp in the memo section.*

BALANCE DUE: Must be paid in full by June 22nd.

SIGNATURE: _____ **DATE:** _____

ANY QUESTIONS, CONTACT CHRISTY HEISNER, 281.290.1231.

AFTER REGISTERING, WE WILL CONTACT YOU FOR FUTURE UPDATES/MEETINGS.