



For Camp use Only:
Camper Fee _____
Camp Type _____
Number in Group _____

INDIAN LAKE CHRISTIAN SERVICE CAMP
2012 FAMILY CAMP
Friday, May 25 – Sunday, May 27, 2012

Please fill in all the blanks that apply. This information is essential to provide food for camp.

Parent/Guardian/Caretaker Name _____

Address _____
Street City State Zip Code

Home Phone () _____ Alt. Phone () _____

E-Mail Address _____

Name of Home Church _____

Any Special Needs? _____

Camp: ___ Tent Cabin ___ (Check One)

Tent Camping - \$35 per person for weekend
Cabin Camping - \$40 per person for weekend

Number in group: _____

Amount Enclosed: _____ Paid Online: _____

Family camp includes meals, restroom facilities, etc. **NO FIREPITS.** Only battery operated lighting is allowed on camp ground. We will have a large campfire on the premises plus more localized gathering areas. The camp will provide dinner on Friday, Breakfast, Lunch, and Dinner on Saturday, and Breakfast on Sunday. Church Service will be held on Sunday morning after breakfast. There are four girls cabins and four boys cabins. If families want to stay together they will need to tent camp.



FAMILY CAMP AGREEMENT

Indian Lake Christian Service Camp

I certify that the information provided on this application is true and accurate to the best of my knowledge. I assume full responsibility for all property belonging to _____. I will not hold any Indian Lake Camp Staff responsible for my damage to or loss of said property.

I hereby give permission for Campers in attendance to appear in photographs or video recordings made during Family Camp Event. This permission also extends to the use of those photographs or video recordings in promotional presentations made by Indian Lake Christian Service Camp.

I, the undersigned, do, for myself, my heirs, personal representatives, and assignees waive and release any and all rights and claims for damages against Indian Lake Christian Service Camp, Inc., its directors, its agents, or authorized representatives for any and all injuries which may be suffered by my camp group while attending the Indian Lake Christian Service Camp Family Camp.

Signature of Parent/ Guardian/Care Giver _____

Date _____
