

LLC Activity Enrollment Form

I desire to enroll in the following event: _____

Date(s) of event: _____

Mailing label, please print clearly:

Name _____

Address _____

E-mail address _____

Applicant's Phone: (____) _____

Number of applicants from this household: ____

Name _____ Age _____ Sex _____

Location

___ Stony Lake Camp ___ Hasscib Lake Camp ___ Kamp Kipa

Other _____

Date of Application: _____

Congregation: _____

Lodging

- ___ I would like to lodge at the camp
- ___ I will arrange my own lodging away from camp
- ___ I will be bringing an infant with me

Special needs: health, diet, allergies, transportation, etc. _____

Suggestions: for topics/activities at this event: _____

- ___ I am enclosing my camp fee in the amount of \$ _____ (Check no. _____)
- ___ I will submit my camp fee online (www.llchurch.org).

Applicants under 18 years of age and are not accompanied by a parent or guardian must include an *Emergency and Health Information Form* with this application.

Parent or Guardian's Name _____

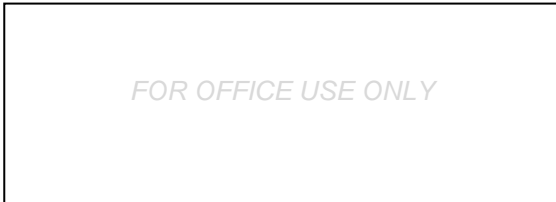
Mailing Address (if different from above): _____

Phone: _____

___ I give permission for my child to attend this activity: _____
(Signature of parent or guardian)

LLC Campwork Administrative Reply

___ **Welcome!** To the event you have requested. If for any reason you cannot attend, please notify the Camp Director immediately.



___ **Sorry!** The event you have requested has been filled. Your name will be placed on a waiting list