

## LCLC Family Camp – July 3-6, 2022

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**1. Please indicate your lodging choice. Prices are for the entire program.**

**Retreat Center**

[ ] 1 Adult \$100.00

[ ] 2 Adults \$200.00

[ ] Adjoining or Neighboring Children's Room \$80.00

**Private Cabin (w/bath and toilets, sleeps 12)**

[ ] \$50.00 per Cabin per Family

\$ \_\_\_\_\_ Lodging Total

**2. Please indicate your food service choices.**

Adults: \$50.00 per person 13 & older

Children 6-12: \$37.00 per child

Children 5 & younger: Free

Please indicate the number of individuals at each rate and include the total.

Adults: \_\_\_\_\_ X \$50.00 = \$ \_\_\_\_\_

Children 6-12: \_\_\_\_\_ X \$37.00 = \$ \_\_\_\_\_

Children 0-5: \_\_\_\_\_ X Free = \$ N/A

\$ \_\_\_\_\_ Food Service Total

**3. Please add a \$25.00 family program fee to parts 1 and 2 for your total fee.**

\$ \_\_\_\_\_ Lodging Fee

\$ \_\_\_\_\_ Food Service Fee

\$ 25.00 Program Fee

\$ \_\_\_\_\_ **Total Fee**

**4. Please list the names and ages of your family members below. Please continue on the back as needed.**

1. \_\_\_\_\_  
First Last Age

2. \_\_\_\_\_  
First Last Age

3. \_\_\_\_\_  
First Last Age

4. \_\_\_\_\_  
First Last Age

5. \_\_\_\_\_  
First Last Age

**Dietary Needs or Restrictions:** Meals will be served in St. John's Hall.

---

---

---

**6. Payment Method:** Please include a \$100 non-refundable deposit or payment in full, along with this registration form.

**Check Payment:** Make checks payable to "Lake Chautauqua Lutheran Center." Mail to LCLC, 5013 Route 430, Bemus Point NY 14712.

**Credit Card Payment:** (Visa, Master Card, Discover, American Express)

Card Holder's Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 Digit CSC #: \_\_\_\_\_ Signature: \_\_\_\_\_

**A Note About Lodging:**

Lodging requests will be taken on a first come first served basis.

Cabins: (bunk beds, linens not included, self-contained shower and toilet facilities)

Retreat Center: (hotel-style lodging, linens included, private and semi-private shower and toilet facilities)

**Permission & Authorization:** By signing this form, I give those named above permission to participate in the program(s) of Lake Chautauqua Lutheran Center, Inc. (LCLC) noted above, and to be transported by LCLC for supervised off-site activities. In the event of an emergency and/or I am unable to respond, I authorize LCLC staff to seek necessary medical treatment and transport for those named above. I understand that LCLC assumes secondary insurance coverage and that I assume primary coverage. I also give permission to photograph and record (digitally and analog) those named above and to use their images and sound prints in promotional materials/media for LCLC and the Upstate New York Synod of the ELCA.

**Signature** \_\_\_\_\_