

# ADULT & FAMILY REGISTRATION FORM

*(Please Print)*

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  I understand that the deposit is non-refundable and non-transferable.

Church Name & City: \_\_\_\_\_

## CAMP INFORMATION

Camp Choice \_\_\_\_\_ Camp Emmaus \_\_\_\_\_ Lake of the Woods Bible Camp \_\_\_\_\_ Camp Minne-wa-kan

Camp Program (i.e. Family Resort Weekend) \_\_\_\_\_ Date: \_\_\_\_\_

Please list all participant's names. Also list the ages for anyone under 18 years of age.

\_\_\_\_\_

For Office Use Only: PM \_\_\_\_\_ DR \_\_\_\_\_ DEP \_\_\_\_\_ CHECK # \_\_\_\_\_ M/NM

Please indicate any special physical, dietary or emotional needs here:

Send completed registration with non-refundable and non-transferable deposit to: Pathways, PO BOX 1187, Bemidji, MN 56619.