

School of Missions Registration Form July 21-27, 2019

Please list food allergies on back!

Family's Last Name _____

Address _____

City _____ State _____ Zip _____

Phone(_____) _____

Email _____

Please list the first names of all those planning to attend:

Parent/Adult:

Male _____ Female _____

Ages 18+ need to have their own registration form.

Children's names	Sex	Age when here	Entering grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lake James Christian Camp & Retreat Center (260) 833-2786
1880 W 275 N Angola, IN 46703

Dorm/Room Request—Please mark 1st & 2nd choice!

Memorial Hall—Upper Level _____ Lower Level _____

Family Life Center—**MUST** have 4 or more people _____

Mary or Martha Dorm—Parents with children _____

Girls Block House—Ages 12 & up _____

Boys Block House—Ages 12 & up _____

Wilderness Hut _____ Bringing a Tent _____

Bringing an RV _____ Length _____

Registration Type—Please mark all that apply.

Regular Attendee _____ Teacher _____

Standing Committee _____ Speaker _____

Program Committee _____ Missionary _____

Worship Team _____ Sound Tech _____

A registration fee of \$50.00 per person or family is required with this form. This fee is non-refundable nor transferable!

FULL PAYMENT MUST BE RECEIVED BY JUNE 1, 2019. MAKE CHECKS TO LAKE JAMES CHRISTIAN ASSEMBLY.

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