School of Missions Registration Form

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 19+ need to have their own registration form

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

Office Use Only!

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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 _____

Registration fee of $50.00 per person or family is required with this form. This fee is non-refundable nor transferable! Please also keep in mind that we will need to house missionaries and speakers as well.

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

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

Please list food allergies and/or any other special needs!

Refund Policy

If the camper is unable to attend camp, all but $50.00 of the fee that has been paid will be refunded. Refunds must be requested prior to the beginning of the camp session. Once the camp session has begun, refunds will NOT be made for sickness, homesickness, disruptive behavior or "No Show".