School of Missions Registration Form			Dorm/Room Request—Please mark 1st & 2nd choice!	
	0	#	Memorial Hall—Upper Level _	Lower Level
Family's Last Name		Office Use Only!	Family Life Center— MUST have 4 or more people Mary or Martha Dorm—Parents with children	
Address				
	State Zip		Girls Block House—Ages 12 &	sup Sat. Night
Phone ()			Boys Block House—Ages 12 &	up
			Wilderness Hut	Bringing a Tent
Please list the first names of all			Bringing an RV Length	
	those planning to attend.		Staying Off-Site Staying Off-Site & Meals On-Site	
Parent/Adult:			Registration Type—Please mark all that apply.	
	Female		Regular Attendee	Teacher
Ages 19+ need to ha	ive their own registratic		Standing Committee	Speaker
Children's names		ering	Program Committee	Missionary
			Worship Team	Sound Tech
· · · · · · · · · · · · · · · · · · ·			-	0 per person or family is required
		Paid in full		s non-refundable nor transferable! that we will need to house mis- s well.
FULL PA	YMENT MUST BERECEI	VED BY <u>JUNE I</u> . MAKE C	HECKS TO LAKE JAMES CI	HRISTIAN ASSEMBLY.
		Lake James Christian Camp & Retre	eat Center	
		1880 W 275 N Angola, IN 46	703	
		(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".