

Family Camp Registration Form

Return to Voyageurs Lutheran Ministry PO Box 1076, Cook, MN 55723

Note: a \$100 non-refundable deposit must be returned with this form to secure reservation.

Family Name _____

Names of family members (please include birthdates of children)

Address _____

City, State, Zip _____

Phone Number _____

Email address _____

Church _____ City _____

Camp Session (circle one)

Camp Hiawatha - July 31- Aug 3 (Sun-Wed) OR July 31- Aug. 5 (Sun-Fri)

Camp Vermilion - August 7-10 (Sun-Wed) OR August 7-12 (Sun-Fri)

Please list any housing or dietary needs that we should be aware of prior to your stay with us.

Further information, including health forms and a list of things to bring, will be mailed to you prior to your time at camp.