

# LAKETRAILS REGISTRATION 2018

Name \_\_\_\_\_ Session: \_\_\_\_\_

Address \_\_\_\_\_

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

Male/Female (circle--for cabin assignment) Date of Birth \_\_\_\_\_

Grade next year \_\_\_\_\_ School \_\_\_\_\_

Parent phone #1 \_\_\_\_\_ (Please circle: home/cell)

Parent phone #2 \_\_\_\_\_ (Please circle: home/cell)

Parent email+ \_\_\_\_\_

+Please note that you will receive communication by email.

## 2018 Sessions Fees:

S-1	June 17 - 25	(Full)	\$750
S-2	June 27 - July 5		\$550
S-3	July 6 - 14		\$750
S-4	July 15 - 23	(Full)	\$750
S-5	July 25 - Aug. 2	(Middle School, Gr. 6-8)	\$750
S-6	Aug. 5 - 13		\$750

### Special Sessions:

S-3M July 6 - 14 (Mother/Daughter) \$525 ea.

How did you hear about Laketrails? \_\_\_\_\_

Adult T-shirt size: S M L XL

### Father's Information

Name \_\_\_\_\_

Work phone \_\_\_\_\_

May we call work in case of emergency? Yes No

### Mother's Information

Name \_\_\_\_\_

Work phone \_\_\_\_\_

May we call work in case of emergency? Yes No

### Registration and Payment Information

**Registration & Payment:** A deposit of \$100 is required at time of registration. Fees include transportation along a bus route that originates near the Twin Cities.

All fees are due 4 weeks prior to camper's desired session. If registering less than 4 weeks before the session, please contact the Laketrails office to arrange payment.

**Refund Policy:** Except for the \$100 deposit, the full fee is refundable up to May 1, 2018. After this date, 50% of the fee is refundable if the camp is notified at least two weeks prior to the start of your session.

**Camperships:** We hope that no one will be prevented from attending Laketrails because of the cost. We provide both partial and full camperships based on need. Copies of the policy and the application form are available through the Laketrails office or online at [www.laketrails.org](http://www.laketrails.org).

VISA or Mastercard (Please circle) Amount \_\_\_\_\_ Name on card: \_\_\_\_\_

CSC code \_\_\_\_\_ Expiration \_\_\_\_\_ Mailing address: \_\_\_\_\_

Card # \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

\*Full payment is due 4 weeks prior to session. Would you like your remaining balance to be billed to the above credit card on May 1? Yes No

### Enrollment Agreement

*I wish to enroll my child in the session at Laketrails indicated above and described in the parent information packet. I have read the program description, understand the requirements for participants, and give permission for my child to participate. I understand the payment and refund policies described above. I hereby give permission to the medical personnel selected by the Laketrails staff to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child listed above. I also authorize Laketrails to use for promotional purposes any photos or videos taken of my child while involved in Laketrails programs.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed form with payment to: Laketrails Base Camp, P.O. Box 810, Warroad, MN 56763

\*After May 31, mail to: Laketrails Base Camp, P.O. Box 25, Oak Island, MN 56741