LAKETRAILS REGISTRATION 2027

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.

2026 Youth Sessions			**Fees:**
S-1	June 18 - 26	*(Full)*	$930
S-2	June 27 - July 5		$930
S-3	July 6 - 14		$730
S-4	July 16 - 24	*(Limited)*	$930
S-5	July 25 - Aug. 2	*(Middle School, Gr. 6-8*	$930
S-6	Aug. 3 - 11		$930

Bus Location _____

*Same location for drop off and pick up

Adult T-shirt size: S M L XL

Parent 1 Information

Name _____

Work phone _____

May we call work in case of emergency? Yes No

Parent 2 Information

Name _____

Work phone _____

May we call work in case of emergency? Yes No

Registration and Payment Information

Registration & Payment: A deposit of $150 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 $150 deposit, the full fee is refundable up to May 1, 2026. 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.

VISA or Mastercard *(Please circle)* Amount _____

CSC code _____ Expiration _____

Card # _____

Name on card: _____

Mailing address: _____

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 7004, Duluth, MN 55807***

After May 31, 2025 mail to:* ***Laketrails Base Camp, P.O. Box 25, Oak Island, MN 56741*