



Family Camp Registration

Date Rcv'd	___/___/___	cc
Amt \$	_____	Check# _____

2012

Your deposits must accompany registration forms to secure your reservation.
 Summer 2012 Family Camp Deposit is \$200. Deposits are non-refundable.

Return to: IOLBC 1203 Inwan Street, Milford, IA 51351
 Or fax to 712-337-3501

Call 1-800-OKOBOJI or email: registrar@okoboji.org with questions.

Camp Week: _____

Adults: Name: _____ DOB: ___/___/___

Name: _____ DOB: ___/___/___

Email: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Home Church: _____

Kids: _____ M / F Birth Date: ___/___/___ Age/Grade Spring of 10: ___/___

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Payment Options

Check enclosed for \$ _____ (bill remaining amount due)

Payment Plan. \$ _____ per month by check or by credit card. (check one)

Credit Card # _____ Exp date ___ / ___

Total to Charge \$ _____ Name on card (please print) _____

Card's Billing Address _____

- ** I give my permission for my family to participate in all aspects of the camp's program except as noted.
- ** I understand that my insurance has primary coverage and Ingham/Okoboji insurance is secondary.
- ** I give my permission for any picture taken of my family to be used for promotional purposes.

Signature of Adult Camper _____

HOUSING

Guests

Cost/Week

Each housing option has a private bath and air conditioning unless noted otherwise.

Upper Christopherhaus	2 - 4	\$400
Altahaus	6 - 8	\$450
Wigwam	5 - 9	\$400
Oak Hill	6 - 7	\$400
All Inn	10	\$450
Dakota	4	\$450
Sac	4-6	\$525
Upper/Lower Shalom	6 / 10	\$575
Omaha/Bornholm/Navaho	7/ 8/ 8	\$575
Sioux/Winnebago/Cherokee	12 / 10 / 10	\$775
Beach House	28 max	\$450/family *No air cond.

(please note there is a \$900 minimum for the beach house)

MEALS

Adults 14 and over:	\$120/week
Children 4 - 13:	\$60/week
3 and under:	free

Calculate Your Fees
Housing Cost \$ _____
of campers over 14 meals \$ _____
of campers 4 - 13 meals \$ _____
\$400 program fee \$ <u>400.00</u>
SPARK Credit (subtract \$200.00) \$ _____
Total Investment in your family camp= \$ _____

Spark Credit!!!

\$200 Discount

if you bring another family which has not attended family camp or if this is your first year to attend a family camp!

Name of family you are bringing:

Food Allergies or Special Diets Required:

(please give name and allergy and/or special dietary needs)



For more information
please visit our website:
www.okoboji.org

