



Ingham Family Getaway Registration 2024

June 30 – July 5th

Primary Contact: _____ DOB: ____ / ____ / ____ Phone: _____

Additional Adult: _____ DOB: ____ / ____ / ____ Phone: _____

Additional Campers (Please provide full name if last name differs from above. Use additional pages if needed.)

Name: _____ M/F DOB: ____ / ____ / ____ Grade Spring of 2024: _____

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Special Notice: Please star (★) any minors for whom you are not custodial parents. An additional, required form will be sent for their parent/guardian to complete prior to arrival at camp.

CONTACT INFORMATION

Family Email: _____

Address: _____

City _____ State _____ Zip _____

RECREATION ACTIVITY SIGN UP

To help you make the best use of your time and fit in all your desired rec activities, please sign up below. Your selections will be pre-scheduled prior to your arrival. Please note any families with whom you would like us to try and combine your rec options. If your group exceeds the maximum number of participants we can serve at one time, you will be scheduled for additional times. Unless otherwise noted, all options are included in your program fee.

Activity	# of Participants	Notes?
Tubing (min age 6 to be on tube)		
Pontoon Rides		
Archery (min age 6)		
Paintball (min age 10) *		
Tie Dye **		

*** Additional Cost of \$25 per person. Requires additional liability release. ** Additional Cost of \$10 per person.**

I give my permission for my family to participate in all aspects of the camp's program except as noted. I understand an effort will be made to contact me if a family member needs emergency medical-surgical treatment. I hereby give permission to the staff member selected by the camp to secure proper treatment, hospitalize, order injections, anesthesia, x-ray or surgery as deemed necessary for the adult(s) and child(ren) named above. I accept responsibility for payment of such services. I will in no way hold Ingham Okobojo, staff members or board members liable. I give my permission for any picture or video taken of my listed family members to be used for promotional purposes. I understand that choosing to participate in the program may increase my family's risk of being exposed to communicable diseases such as the flu or COVID and agree to stay home if any family member is confirmed or suspected of being contagious.

SIGNATURE OF ADULT CAMPER _____

DATE _____

See Reverse for Cost and Payment Information →

ADDITIONAL INFORMATION

Home Church _____

Bringing a 1st Time Family? Tell us the name below for a \$200 Spark Credit:

Please indicate any family members, especially minors, who have mobility or activity restrictions for which camp staff should be prepared?

Please list any dietary needs or concerns, including food allergies, of which our chef should be aware (include name of family member to which they apply):

Please check all that apply:

_____ Pastor

_____ IOLBC Board Member

_____ IOLBC Staff Alum (Year _____)

_____ Immediate Family Member on staff (Name _____)

HOUSING OPTIONS (Must be reserved by calling the Camp Registrar!)	Cost	Please note your first and second choice.
Basic Cabin	\$300	
Cabin with Private Bathroom	\$400	
RV Camping Pad (use of bathhouse included)	\$200	
Tent Camping (use of bathhouse included)	\$100	
All housing will be assigned. We will do our best to honor your first choice. You will be notified within one week of your registration which type of housing you can plan on for your family.		

Program Fee: \$430 per family
 What does the program fee cover? It's the speaker for the week, the programming and supplies for the kids during 2 hours of power, and the various family games and activities. Basically, it's what makes camp, camp!

Calculate Your Fees			
Housing Cost		X	=
Adult Meals (age 14 and over)		X \$160	=
Child Meals (age 4-13)		X \$80	=
Program Fee	1	X \$430	= \$430
Total Cost (before any applicable discounts)			

MEAL COSTS	
All meals from Sunday Supper to Friday Lunch, with the exception of Wednesday Supper are included. Snacks are also included.	
Adults (ages 14 & older)	\$160
Children (ages 4-13)	\$80
Children (ages 3 & under)	Free

PAYMENT OPTIONS

\$200 housing non-refundable deposit due at registration.

_____ Check enclosed. Bill any remaining amount due.

_____ Payment Plan. \$_____ per month.

_____ Charge \$_____ to the card noted below. Bill any remaining amount due.

Card # _____ Exp Date _____

Security Code _____ Name on Card _____

Billing Address (if different than above)