

2020 IOLBC BOJI FAMILY GETAWAY

Dates of Your
Getaway:

Registration Form

Step #1 – Be sure your housing is pre-confirmed with Registrar Sara. Call 712-337-3306 or email registrar@okoboji.org and make arrangements to transfer funds or pay the \$100 deposit.

Step #2 – Provide your family information on the form below or online at www.okoboji.org/bojigetaway

Step #3 – Begin planning your chance to get away to Okoboji this summer!

Primary Family Contact Person: _____ Birthdate: _____

Cell Phone: _____ Family Email: _____

Mailing Address: _____

Additional Family Members:

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Please list any food allergies we should be aware of:

For our staffed, scheduled rec opportunities, we may need to group or pair families up. To help limit the risk of exposure to COVID-19 from other campers, we will be striving to keep these grouping consistent through all rec options. If you are looking forward to connecting with a specific family or two while at camp, please list them below so we can do our best to put you together for rec opportunities. If you would prefer to not be paired with any other families, please note this as well.

To help best plan staff availability and ensure as many people as possible are able to enjoy available rec opportunities, please indicate which activities you are interested in as a family below. Rec opportunities will be scheduled prior to your arrival doing our best to honor your cohort and preferred day and time. Unless otherwise noted, all costs are included in your Boji Family Getaway fees.

Activity	# of participants	Preferred Day (Tue or Wed)	AM or PM? Other Notes?
Tubing (min age 6 to be on tube)			
Pontoon Rides			
Archery (min age 6)			
Paintball (min age 10)*			
Escape Room			
Beach Time**			
Aerial Ropes (min age 11) *			

*Additional cost of \$20 per person.

**Beach time will only be scheduled if total number of campers warrants.

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 my child named above. I accept responsibility for payment of such services. I will in no way hold Ingham Okoboji, staff members or board members liable and completely assume all risk. I will also waive all claims against these entities and individuals. I give my permission for any picture or video taken of my family 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 COVID-19 and agree to pre-screen all family members before arrival, not bring anyone who is sick to camp, and honor social distancing guidelines as needed for the safety of myself, my family, other campers, and IOLBC staff.

Main Family Contact _____ Date _____

See Reverse for Cost and Payment Information →

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Looking for more details? Visit www.okoboji.org/bojigetaway

Cost Information:

HOUSING OPTIONS

	Max # of Guests	Cost
Upper Christopherhaus	2-4	\$225
Althaus	6-8	\$250
All Inn/Oak Hill	6 - 8	\$225
Omaha/Sac/Dakota/Apache/Fox/Crow ♿	4-7	\$315
Sioux	12	\$370
Navaho /Winnebago/Cherokee ♿	8-10	\$420
Beach House	Up to 28	\$350 per family (min 2 families)



Each housing option has a private bath. All options EXCEPT the Beach House have air conditioning.

Housing cost is listed for reference only. To reserve housing, please contact Registrar Sara at 712-337-3306 or registrar@okoboji.org

Participation Fee:

Adults (ages 14 and older)	\$100
Children (ages 4-13)	\$60
Children (ages 3 and under)	Free

Participation Fee Includes:

- Resources to have a self-guided time of spiritual family development.
- Freedom and flexibility to enjoy various recreational activities.
- Meals provided from Monday dinner to Thursday breakfast.
- Evening campfires by the beach.

Calculate Your Fees - \$100 deposit due with registration			
Housing Cost		X	=
Adult Participation Fees		X \$100	=
Children Participation Fees		X \$60	=
Total Cost (before any applicable discounts)			

PAYMENT OPTIONS

_____ Check enclosed. Bill any remaining amount due.

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

Card # _____ Exp Date _____

Security Code _____ Name on Card _____

Billing Address (if different than contact address)
