

Caroline Furnace Lutheran Camp & Retreat Center

Email – info@CarolineFurnace.org (Ph) 540-933-6266 (fax) 540-933-6971

2012 Metro D.C. Synod Confirmation Camp Registration Form

for more information or to register online go to: www.CarolineFurnace.org

Camper Information (Please Print):

Camper Name _____	Male / Female _____
name camper prefers _____	
Date of Birth _____	2012-13 School Grade _____
Camper's Address _____	
City/state _____	Zip _____
Home Phone (____) _____	
Camper's email address _____	
Home Congregation _____	City/state _____
1 st time at CFLC? () Yes () No If No, how many previous summers? _____	
Swimming Ability ___ Non swimmer ___ Beginner (avoids deep water) ___ Intermediate (deep water ok) ___ Advanced	
Dietary Restrictions (i.e. vegetarian, lactose intolerant, etc) _____	

Confirmation Camp dates: Sunday, June 24 - Friday, June 29, 2012

Campers are generally housed by congregation in a cabin with a same sex counselor. Each cabin has bunk beds and a half bath. The shower house is central to the cabin village. Bedding is not included, bring twin size bedding or a sleeping bag and a pillow. Additional information will accompany registration confirmation.

Parent or Guardian Information:

Name _____	Name _____
Email _____	Email _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Same address as camper? () Yes () No	Same address as camper? () Yes () No

PAYMENT INFORMATION:

Confirmation Camp cost is \$350 (there are no additional discounts for this camp)

Please charge \$ _____ to my credit card# _____ CVC code _____

Signature _____ Expiration Date _____

(if this applies) My church _____ is paying \$ _____ toward this camp
name of church amount

Registrations must include a non-refundable deposit of \$100 per week

_____ Check enclosed (Make checks payable to *Caroline Furnace Lutheran Camp*)
mail to: **Caroline Furnace Lutheran Camp, 2239 Camp Roosevelt Road, Fort Valley, VA 22652.**
Questions, call 540-933-6266 or fax 540-933-6971

My child has permission to participate in all aspects of the program at Caroline Furnace Lutheran Camp & Retreat Center, except as noted. I hereby give my permission to the physician selected by the camp to secure proper treatment for my child as named above. Caroline Furnace will make every effort to contact me if my child needs emergency treatment. I understand that my insurance has primary coverage and Caroline Furnace insurance is secondary. I also give permission for any picture taken of my child to be used for promotional purposes both on and off the internet.

Parent/Guardian signature