



# Caroline Furnace Lutheran Camp & Retreat Center

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

## 2012 Registration Form

**Camper Information** (Please Print):

Register online at [www.CarolineFurnace.org](http://www.CarolineFurnace.org)

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 _____
Pastor signature (not required but worth a \$10 discount) _____	
<b>1<sup>st</sup> choice Camp</b> _____	Week _____
<b>2<sup>nd</sup> choice Camp</b> _____	Week _____
register for BOTH camps <input type="checkbox"/> Yes <input type="checkbox"/> No	
"Bunk with" request _____	
1 <sup>st</sup> time at CFLC? ( ) Yes ( ) No If No, how many previous summers? _____	
Swimming Ability <input type="checkbox"/> Non swimmer <input type="checkbox"/> Beginner (avoids deep water) <input type="checkbox"/> Intermediate (deep water ok) <input type="checkbox"/> Advanced	
Dietary Restrictions (i.e. vegetarian, food allergies, etc) _____	

### 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:

**Discounts** (Discounts DO NOT apply to Confirmation Camp, it is already discounted)

**check all discounts that apply :**

\_\_\_\_\_ \$10 Early Bird\* \_\_\_\_\_ \$10 add'l siblings/camps \*\* \_\_\_\_\_ \$10 new camper \_\_\_\_\_ \$10 Pastor Signature

\* **Full payment** must accompany Early Registration to receive discount (Monday, March 12, 2012)

\*\* First child/camp FULL fee; each additional \$10 discount

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

Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

(full payment with registration receives a \$10 discount before 3/12/2012 –see "Early Bird" above)

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 in print and on the internet.

\_\_\_\_\_  
**Parent/Guardian signature**