



Caroline Furnace Lutheran Camp & Retreat Center

2010 Family Camp Registration

The _____ Family(ies)

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Daytime Phone: _____

Contact person: _____

Contact Email: _____ phone: _____

Any dietary restrictions (allergies, vegetarian, etc) _____

Participants names (and children's ages):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Family Camp is \$175 per person or \$700 per family* (children under 4 are free)

Cost includes housing, meals and activities

PAYMENT INFORMATION: _____ check enclosed, or

Please charge \$ _____ to my Visa Mastercard # _____

Signature _____ Expiration Date _____

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

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

****family**** is up to you, it can include your immediate family, your extended family, even friends -families are housed together

You can also register Online at **www.CarolineFurnace.org**



Kids info for the Counselors

One per child, please

In order to help us provide a quality experience for your camper, we invite you to share some information below. This information will be shared with their counselor.

Name Camper prefers _____ Camp attending _____

Camper Age _____ Grade in the Fall _____

Ever been to camp before? Yes / No Is this the first time away from home? Yes / No
1st time at CFLC? () Yes () No If No, how many previous summers? _____

Swimming Ability ___ Non swimmer ___ Avoids deep water ___ Comfortable in deep water

Behavioral History ___ homesick ___ constipation ___ bedwetting

Dietary Restrictions (i.e. vegetarian, lactose intolerant, etc) _____

Things I (the camper) like to do:

singing dancing sports scouts musical instrument watching tv read video games hang out
with friends internet talk on phone shopping drawing horseback riding biking swimming
church activities skiing family activities hiking camping playing board games crafts
Others _____

Please mark the number that best describes you (the camper)

- Outgoing 5 4 3 2 1 shy
- Jump in the water 5 4 3 2 1 ease in slowly
- Go with the flow 5 4 3 2 1 show me the schedule
- Follow the leader 5 4 3 2 1 I am the leader
- Can't wait for camp to start 5 4 3 2 1 nervous about coming to camp

PARENTS Please describe any additional information that you think might be helpful for us to know (ie night time rituals, soothing techniques, fear of dark, bedwetting, etc.)

A **Positive attitude** will help ensure a good experience for your camper, especially if it is their first time at camp. Talk over the new experiences they will have being in the out-of-doors with other boys and girls in a Christian camp setting.