

LUTHERAN HIGH SCHOOL ASSOCIATION
2018 BAND CAMP

The purpose of Band Camp is for students to grow musically and spiritually in a Christian setting. Lutheran instructors make up the staff. Students participate in daily group rehearsals, sectionals, and music appreciation and music theory classes. Optional free time activities include swimming, boating, volleyball, soccer, horseback riding, horseshoes, waterslides, campfires, and fellowship. Some activities require a small additional charge. Please visit our web site at www.lutheranbandcamp.org

APPLICATION: Mail to- Band Camp
Martin Luther High School
5201 S 76th Street
Greendale, WI 53129

FOR OFFICE USE ONLY	
Date Rec'd	_____
Deposit	_____
Balance Due	_____

ENCLOSE registration fee of \$60.00
(checks made payable to Lutheran High School Association of Greater Milwaukee)

Camp Name: BAND CAMP CAMP DATES 7/22/18 – 7/28/18

Camper Name _____

Address _____

City/State _____ Zip _____

Birthdate: ___/___/___ Age ___ Grade (17-18 school year) _____

Sex ___ Church Membership _____

School _____

Parent E-mail Address _____

(note: e-mail will be the primary method of communication as camp approaches, unless you indicate otherwise)

Full Amount	\$449.00
Earlybird Discount before April 20 (-\$40)	\$ _____
Second/Third Sibling Discount (-\$30)	\$ _____
Canteen (Snack Bar); (\$12-\$20)	\$ _____
Waterpark/Amusement Park (\$35)	\$ _____
Optional horseback ride 45 min. (\$25)	\$ _____
Total Due	\$ _____
Amount Enclosed (\$60 non-refundable)	\$ _____

Home Phone _____ Parent Cell Phone(s) _____

Instrument Played _____ Years Played _____

Roommate requests (max of 3) _____

When selecting roommates both parties must include each other on their request in order to be considered a valid request. No requests are guaranteed, they are based on available space in the cabins and the ages of the campers.

If your application is accepted, the \$60.00 registration fee is not refundable. There will be no refunds if you cancel less than 2 weeks before camp. Your registration fee will be credited toward camp. To receive early bird discount, the deposit is due anytime before April 20th; the fee after April 20th is \$449.00. The balance must be paid in full by June 30, 2018.

ALL MEDICAL INFORMATION, INSURANCE INFORMATION, ALLERGIES, AND AUTHORIZATION WILL BE HANDLED AT A LATER DATE. DO NOT SEND THIS INFORMATION AT THIS TIME, YOU WILL BE CONTACTED VIA EMAIL WHEN IT IS TIME.

We, the parent(s) or guardian of _____ hereby authorize and give our consent to the personnel of Camp LuWiSoMo and the doctors and nurses at the Wild Rose Clinic and Hospital (or nearby hospitals), to act on our behalf in case of a medical emergency involving our child.

I give my full permission for my child to attend Camp LuWiSoMo and to participate in all activities unless otherwise specified. I agree that my child's picture may be used to promote Camp LuWiSoMo and Lutheran Band Camp, unless otherwise specified. I hereby grant permission for hospitalization and medical treatment for my child, if needed.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____