

Date Deposited: \_\_\_\_\_

Amount still due: \$ \_\_\_\_\_

## Shekinah 2012 Supernatural

**Cost: \$180** \*\*Early Bird Special: **Pay in full \$170** by May 31, 2012\*\*

**Registration Deadline:** \$50 deposit due Thursday, May 31, 2012

After 5/31/12, there is a \$5 late fee making your camp fee= \$185

After 6/30/12, \$10 late fee (\$190)

After 7/31/12, \$15 late fee (\$195)

**Payment Process:** A \$50 deposit is needed to reserve your spot. **The \$50 deposit is non-refundable.** You must pay the rest of your camp fee on the day of camp. Space is available on first come, first serve basis. We accept cash and check. **Please make checks out to Shekinah.**

For more information, contact Samantha Vang (651)808-1356 or sam@shekinahcamp.com

**Please send registration form with the \$50 deposit to Shekinah: 1172 Galtier St. St Paul, MN 55117**

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### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M or F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ First time to camp: Yes or No

Name of your church: \_\_\_\_\_ Name of roommate: \_\_\_\_\_

**\*Cannot change roommate/rooms at camp**

T-shirt size: S M L XL XXL

Volunteer at camp? Yes or No

Bus (\$5): Yes or No

(Additional \$5 fee if you do not come home on the bus.)

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Medical Information

Physician's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any allergies & medical conditions your child is currently taking:

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List any medical conditions your child has:

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I give my son/daughter the permission to attend Shekinah at Lake Koronis in Paynesville, MN from Aug. 13-17, 2012. If needed, I will allow my child to be treated with first-aid, medication or hospitalization. I understand my personal insurance is the primary coverage for all claims. This form releases Shekinah and camp staffs to any and all liabilities. Any camp activities my child participates in are at my child's own risk. Furthermore, if my child fails to comply with camp regulation, I will allow the camp staffs to carry out appropriate discipline. If my child continues to disobey camp regulations, I understand that at my expense, my child will be sent home.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Must be 18+ to sign without a parent signature