

Luther Memorial Church

Body, Mind, Spirit, Voice - An enrichment experience for the young person
Arts/Music Camp August 17-20 9 a.m. to noon, Monday-Thursday

Registration Form

Name of child: _____ Age: _____

Dietary restrictions: _____

Name of Parent/Guardian and contact information while child is at the Camp

Parents' Names: _____

Home address: _____

Day Phone: _____ Evening Phone: _____

Primary Email: _____ Secondary Email: _____

Name and phone number of person to contact in case of emergency when parent cannot be reached:

Name: _____ Phone: _____

***Please return completed registration form to the church office (1021 University Avenue, Madison, WI 53715). REGISTRATION DUE JULY 31, 2009**

OFFICE USE ONLY

Fee paid: ____/____/____

Circle One

Cash Check(#____) Credit(____)