

LAKETRAILS REGISTRATION



To register please complete the following and mail with payment to:
Laketrails Base Camp • 6064 Sandy Shores NW • Williams, MN 56686
 After May 31st, please mail to Laketrails, P.O. Box 25, Oak Island, MN 56741

2010 Sessions:	S-1 June 24 – July 2 *Full	S-4 July 26 – August 3
	S-2 July 6 – 14	S-5 August 4 - 12
	S-3 July 15 – 23 *Middle School (Gr. 6 – 8)	

Name _____ Preferred Session _____
 Address _____
 City _____ State _____ Zip _____
 Phone: _____ School _____
 Date of Birth _____ Grade next year _____ Male/Female (circle one)
 Campers E-Mail Address: _____
 Parents E-Mail Address: _____

Would you prefer to receive communication by email? Yes No

Father's Information	
Name _____	Employer _____
Position _____	Work Phone _____

Mother's Information	
Name _____	Employer _____
Position _____	Work Phone _____

How did you hear about Laketrails? (Please check all that apply)
 Friend Camp Website School Facebook Other _____

REGISTRATION/PAYMENT INFORMATION

Registration & Payment: Session fee is \$710.00. **Session 1 is FULL.** Fees include transportation along a bus route which originates near the Twin Cities. A \$50.00 deposit is required at the time of registration. All fees are due by April 15, 2010.

Refund Policy: Except for the \$50.00 deposit, the full fee is refundable up to April 15. After this date 50% of the fee is refundable if the camp is notified at least one week prior to the start of your session.

Camperships: We hope that no one will be prevented from attending Laketrails because of the cost. We provide both partial and full camperships based on need for those wishing to attend Laketrails. Copies of the policy and the application form are available through the Laketrails office or online at www.laketrails.org.

VISA or Mastercard Payment

__ VISA __ Mastercard # _____	Exp. Date _____
Name: _____	Payment Amount: _____
Mailing Address: _____	
City/State/Zip: _____	
Signature: _____	Date: _____

Full payment is due April 15th. Would you like your remaining balance to be billed to the above credit card on April 15th?
 Yes ___ No ___

Enrollment Agreement:

I wish to enroll my child in the session at Laketrails as described in your brochure. I have read the program description, understand the requirements for participants, and give permission for my child to participate. I understand the payment and refund policies described above. I hereby give permission to the medical personnel selected by the Laketrails staff to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child listed above. I also authorize Laketrails to use for promotional purposes any photos or videos taken of my child while involved in Laketrails programs.

Signature of Parent/Guardian

Date