

REGISTRATION FORM

CONTACT INFORMATION

Parent's Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Home Congregation: _____ City: _____

Contact Email: _____

PARTICIPANT INFORMATION

Name: _____ Age: _____ Birth date: ____/____/____ ☐ Male ☐ Female

Name: _____ Age: _____ Birth date: ____/____/____ ☐ Male ☐ Female

Camp Program Choice: _____

Date: 1st Choice: _____ 2nd Choice: _____

I want my bunk mates to be (limit two):

1. _____ 2. _____

Has the participant been a summer camper at Camp Omega before? ☐ Yes ☐ No

\$10 Early Registration Discount if postmarked or faxed by March 1 ☐ Yes!

PAYMENT INFORMATION

☐ YES! I would like to make a donation of \$ _____ to "For the Children Fund"
(more info in Camp FAQs)

A minimum \$75 per person non-refundable deposit or full payment is required with registration.

I am paying with ☐ Check Check No: _____ Amount Enclosed: \$ _____

I am paying with Debit/Credit Card:

☐ Visa ☐ MasterCard ☐ Discover Amount: \$ _____

Credit Card No: _____ Exp Date: _____ CSV #: _____

Name on card: _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Send to: Camp Omega 22750 Lind Ave Waterville, MN 56096 or

Register online at www.CampOmega.org