

# 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

\$20 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 \$100 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](http://www.CampOmega.org)