



Traveling Day Camp Ministry Program Reservation Request Form

Congregation _____

Address _____

City _____ State _____ Zip _____

Church Phone Number _____

Congregation Coordinator _____

Congregation Coordinator Phone _____ [] cell [] work [] home

Best time of Day to call _____ [] Morning [] Afternoon [] Evening

E-mail Address _____

Camp Omega Staff are not trained to work with PreK program and Camp Omega programming is not created for PreK campers. If you have questions or would like to make an exception please email andrew@campomega.org or call the office (507)685-4266.

2025 Day Camp Sessions

Session 1 June 8-13

Session 2 June 15-20

Session 3 June 22-27

Session 4 July 6-11*

Session 5 July 13-18*

Session 6 July 20-25

Session 7 July 27-Aug 1

Session 8 Aug 3-8

Number of Campers expected _____

First Choice Session:

Second Choice Session:

****These weeks indicate 5 sessions available.****

Please return with \$1000.00 deposit to reserve week.

Camp Omega use only:

Date received: _____ Check Amount: _____ Check #: _____

Confirmation Letter sent: Partnership Agreement Packet: