

# Retreats: Individual Registration Form

[www.lomocamps.org](http://www.lomocamps.org)



Mail the registration form to LOMO Registrar (863 Eastwind Drive, Westerville, OH 43081).  
Make checks payable to LOMO or use your VISA or MasterCard.

## Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address (or P.O. Box): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Grade-in-School (or indicate if adult): \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Adult Retreater: Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email: \_\_\_\_\_

Special Needs/Dietary Restrictions: \_\_\_\_\_

Have you ever attended a LOMO Camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_ Pastor: \_\_\_\_\_

*\*If registrant is under 18, please complete this section below*

## Parent/Guardian #1 Information

First & Last Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Parent/Guardian #2 Information

First & Last Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Retreat Information:

Retreat Name: \_\_\_\_\_

Retreat Location (Circle): Mowana LMC Luther Retreat Date(s): \_\_\_\_\_

If a youth retreat, please write the Church and City you will be attending with: \_\_\_\_\_

## Payment Information:

Total Fee: \$ \_\_\_\_\_ Charge to my (Please circle one): Visa MasterCard

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID # (three digit # on back of card) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or Check Enclosed: Amount \_\_\_\_\_ Check # \_\_\_\_\_

## Release: \*a signature is required - If under 18 a parent or legal guardian is required to sign

I understand that every effort will be made to contact me if my child needs emergency medical-surgical treatment. But if it is important to do so, I hereby give permission to the physician selected by the Camp Staff to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as I named above. I have read the registration, payment, refund, and cancellation information and agree to the provisions as stated. I have read and agree to the LOMO Privacy Policies, found at: [lomocamps.org/privacy](http://lomocamps.org/privacy)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail the completed registration with the payment to the LOMO Registrar. Please feel free to duplicate this form.**