

**2008 VLM Family/Grandparent-Grandkid Registration & Health Form**

**Fill out, sign, and send in** the registration form with your \$100.00 **Deposit**. Please print clearly.

**Return To: Voyageurs Lutheran Ministry, Box 1076, Cook, MN 55723**

Camp Hiawatha Week: \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Spouse \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Relationship \_\_\_\_\_ Gender \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Relationship \_\_\_\_\_ Gender \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Relationship \_\_\_\_\_ Gender \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Relationship \_\_\_\_\_ Gender \_\_\_\_\_

Please make a notation of any dietary restrictions/food allergies on a separate sheet of paper.

Home Church, City & Pastor \_\_\_\_\_

c MasterCard, c Visa, c Discover cards now accepted. Amt \$ \_\_\_\_\_

Name \_\_\_\_\_

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ expiration date \_\_\_\_\_

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

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_