

SHCR Please use a separate registration form for each camp and person.

Spring of 2018 –Circle the camp or retreat you plan to attend

Name _____

____ Male ____ Female

Address _____

City _____ State ____ Zip _____

Phone _____

Home Church _____

E-Mail _____ Emergency contact _____

Phone _____

How did you hear about camp? __Friend; __Church; __Sibling; __Came Last Year; __Other

If any special requests or accommodations are needed, please note here

I understand that a medical form will need to be signed and be on file at camp. I also give SHCR & National Lutheran Outdoor Ministry Association permission to use event related photos of myself for promotion and publicity purposes.

Signature (Required) _____

Card No. _____

Exp. Date _____ Amt. _____

For office use only:

Name on Card _____

Amt _____ Ck# _____

Signature (required) _____

Check Writer _____

Shepherd's Hill at the Crossroads, 502 Shepherd's Hill Drive, St John, ND 58369
e-mail: director@shretreat.org www.shretreat.org 701-244-5225; Fax 244-2152