

2009 Summer Camp Schedule

On-Site Programs

	Dates	Cost
Family Camp <i>(all ages)</i>	July 2-5, August 7-10	Max per nuclear family: \$320.00 \$85.00 per person FREE ages 4 & under
Introduction to Camp <i>(entering grades 1-3)</i>	June 14-17, June 28-July 1, July 19-22, Aug 10-13	\$140.00 per person
Junior Camp <i>(entering grades 4-6)</i>	July 5-10, July 19-24, Aug 2-7	\$260.00 per person
Intermediate Camp <i>(entering grades 7 & 8)</i>	July 5-10, Aug 2-7	\$260.00 per person
High Adventure Camp <i>(entering 9- graduated)</i>	July 12-17	\$260.00 per person

Off-Site Programs

	Dates	Cost
Intermediate Trails Camp <i>(entering grades 7 & 8)</i>	July 12-17	\$260.00 per person
Senior High Backpack <i>(entering 9 - graduated)</i>	Aug 2-7	\$300.00 per person
Canoe Adventure Camp <i>(entering grades 7 & 8)</i>	July 26-31	\$285.00 per person
Challenge Camp <i>(entering 9 - graduated)</i>	June 28-July 3	\$285.00 per person
Mother /Daughter Canoe Camp <i>(entering 9 - graduated)</i>	Aug 10-13	\$85.00 per person
Servant Events, Community Revival, & Sawtooth	Contact for available dates	\$300.00 per person
Wilderness Stewardship <i>(entering 9 - graduated)</i>		

**An additional \$25.00 will be added to registrations received after May 1st.*

Luther Heights Bible Camp Registration Form 2009

Please Check One

<input type="checkbox"/> Introduction Camp	Name _____	Parent/Guardian _____
<input type="checkbox"/> Junior Camp	Address _____	City _____ State _____ Zip _____
<input type="checkbox"/> Intermediate Camp	Phone (____) _____	Emergency Phone (____) _____
<input type="checkbox"/> High Adventure Camp	Email address: _____	
<input type="checkbox"/> Family Camp	Sex _____	Birthday _____ Grade Entering Fall 2009 _____
<input type="checkbox"/> Trails Camp	Congregation _____ Pastor _____	
<input type="checkbox"/> Backpack	Horseback Riding for Junior & Intermediate ___ Yes ___ No (If Yes, Please include \$32.00)	
<input type="checkbox"/> Challenge Camp	High Adventure & Servant Events ONLY:	Horseback Ride _____ (Add \$72.00)
<input type="checkbox"/> Servant Event		Raft Trip _____ (Add \$68.00)
<input type="checkbox"/> Canoe Camp	Cabin Mate (Please list only one): _____	
<input type="checkbox"/> White Cloud Adventure	I am responsible for New Camper: _____ (-\$40)	
<input type="checkbox"/> Mother/Daughter Canoe	_____ (-\$40)	
<input type="checkbox"/> Labor Day Retreat		
<input type="checkbox"/> Work Weekend		

1st Dates of Choice: _____ 2nd Dates of Choice: _____

check here if family discount is requested check here if you are requesting a scholarship

Health forms and other information will be mailed after May 1st. Refunds cannot be made after June 1st.

Make checks payable to: Luther Heights Bible Camp, PO Box 389, Shoshone, ID 83352

Our child has permission to take part in all camp activities under supervision, and we agree that the camp or its personnel will not be held responsible for accidents arising there from. I give the camp staff permission to seek medical treatment for my child in case of injury or illness. I give permission for my child to be involved in any travel off the Luther Heights site that is necessary to participate. I also give permission for the use of photographs including my child or family in camp publicity.

Camper's Signature _____ Parent's Signature _____