

2010 Summer Camp Schedule

On-Site Programs

Program	Dates	Cost
Family Camp <i>(all ages)</i>	July 2-5, August 6-9	Max per nuclear family: \$330.00 \$87.00 per person FREE ages 4 & under
Introduction to Camp <i>(entering grades 1-3)</i>	June 26-29, June 29-July 2, July 5-8, Aug 10-13	\$143.00 per person
Junior Camp <i>(entering grades 4-6)</i>	July 5-9	\$220.00 per person
	July 11-16, Aug 1-6	\$265.00 per person
Intermediate Camp <i>(entering grades 7 & 8)</i>	July 11-16, Aug 1-6	\$265.00 per person
High Adventure Camp <i>(entering 9- graduated)</i>	July 18-23	\$265.00 per person

Off-Site Programs

Program	Dates	Cost
Intermediate Trails Camp <i>(entering grades 7 & 8)</i>	July 11-16	\$265.00 per person
Senior High Backpack <i>(entering 9 - graduated)</i>	July 18-23	\$306.00 per person
Canoe Adventure Camp <i>(entering grades 7 & 8)</i>	July 25-30	\$290.00 per person
Challenge Camp <i>(entering 9 - graduated)</i>	June 27-July 2	\$306.00 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	\$306.00 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 2010

Please Check One

- Introduction Camp
- Junior Camp
- Intermediate Camp
- High Adventure Camp
- Family Camp
- Trails Camp
- Backpack
- Challenge Camp
- Servant Event
- Canoe Camp
- White Cloud Adventure
- Mother/Daughter Canoe
- Labor Day Retreat
- Work Weekend

Name _____ Parent/Guardian _____
 Address _____ City _____ State _____ Zip _____
 Phone (____) _____ Emergency Phone (____) _____
 Email address: _____
 Sex _____ Birthday _____ Grade Entering Fall 2010 _____
 Congregation _____ Pastor _____
 Horseback Riding for Junior & Intermediate ___ Yes ___ No (If Yes, Please include \$32.00)
 High Adventure & Servant Events ONLY: Horseback Ride _____ (Add \$72.00)
 Raft Trip _____ (Add \$68.00)
 Cabin Mate (Please list only one): _____
 I am responsible for New Camper: _____ (-\$40)
 _____ (-\$40)

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 _____