

LUTHER POINT BIBLE CAMP CAMBERSHIP REQUEST FORM
FOR JOY LUTHERAN CHURCH

Parent / Guardian Name _____

Camper Name _____

Dates of Camp Attendance _____

Total Cost of Camp (JOY WELCA will pay 50%) _____

Camper Name _____

Dates of Camp Attendance _____

Total Cost of Camp (JOY WELCA will pay 50%) _____

Camper Name _____

Dates of Camp Attendance _____

Total Cost of Camp (JOY WELCA will pay 50%) _____

Camper Name _____

Dates of Camp Attendance _____

Total Cost of Camp (JOY WELCA will pay 50%) _____

**Please return this form with your camp registration confirmation to JOY
Lutheran Church Office; 50% of the total will be sent directly to Luther Point.**

Office Use Only: Date Paid _____ Amount _____