

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents / Guardian \_\_\_\_\_  
Church Affiliation \_\_\_\_\_

**LEWTANA DAY CAMP FEE \$25.00**

- I will not hold American Missionary Fellowship or its missionary responsible in case of an accident or sickness.
  - I understand that our personal insurance is the primary coverage for my child. Our personal insurance number is: \_\_\_\_\_
  - In case of an emergency I give either the camp director or the camp nurse permission to consent for treatment by doctor or hospital.  YES  NO
  - I give permission to Camp Lewtana to use pictures or videos of my camper in any future promotional materials.
- Parent or Guardian Signature \_\_\_\_\_

**Health Certificate**  
**If parent cannot be reached in an emergency, contact:**  
\_\_\_\_\_  
**Camper's Lewistown Doctor (if applicable)**  
\_\_\_\_\_

**Is camper on medication?**  YES  NO  
**Allergies if any** \_\_\_\_\_  
\_\_\_\_\_  
**Bee Sting** \_\_\_\_\_ **Penicillin** \_\_\_\_\_

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**THERE WILL BE A MISSIONARY OFFERING EACH DAY.**

**TRANSPORTATION PROVIDED:**

	<u>Pickup</u>	<u>Return</u>
Garfield School	8:25	3:05
Highland Park School	8:30	3:00
Civic Center	8:35	2:50
Lewis & Clark School	8:40	2:45

**FRIDAY NIGHT PROGRAM:**

There will be a program at the camp on Friday evening at 7:30 p.m. This is a very important part of the Day Camp. Please make every effort for you and you camper to be there.

For additional information call:  
Camp Lewtana  
(406) 538 – 4805

**Parents! Please bring a dozen cookies for after the program**

**No transportation will be provided to the program.**

**PLEASE HAVE EACH CHILD'S REGISTRATION AND MONEY IN AN ENVELOPE.**

Please have each child on a separate form. Make checks payable to **Camp Lewtana**. Have them bring their registration the first morning to give to their teacher. **Please do not mail ahead of time!**