

GEM FISHING CAMPS: 2010 REGISTRATION FORM

(please print neatly)



a ministry of



Camper Information:

Camper's Full Name: _____ Male/Female: _____

Grade Completed 6/10: _____ Camper's Birthday: _____ Camper's Church: _____

Camper's Address: _____

City: _____ State: _____ Zip: _____

Camper's Home Phone: _____ Camper's Email: _____

How Did You Hear About GEM?: _____

Parent/Guardian Information:

Name of Parent(s) or Guardian: _____

Parent(s)/Guardian Address (if different from Camper's): _____

City: _____ State: _____ Zip: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____

2010 Camp Preferences: (please mark 1st, 2nd, and 3rd choices)

Camp Preference	Camp Dates	Location	Other Info	Camp Cost
	June 14-18	Luther Dell	Boy Lake	\$300
	June 28-July 2	Luther Dell	Boy Lake	\$300
	July 5-9	Luther Dell	Boy Lake	\$300
	July 19-23	Luther Dell	Boy Lake	\$300
	August 2-6	Luther Dell	Boy Lake	\$300
	August 9-13	Boundary Waters Canoe Area	Leadership Training for Prior GEM Campers ONLY	\$300
	August 16-20	Luther Dell	Boy Lake	\$300

Please return: 1) this Registration Form, 2) the 2010 Health Form and 3) the 2010 Financial Agreement to:

Great Expectations Ministries, 4154 Burton Lane, Minneapolis, MN 55406

Direct questions to David Lindmark, GEM Executive Director, at 952-201-6849, dlindmark@gemfishing.org.

GEM FISHING CAMPS & CLUBS: 2010 HEALTH FORM

(please print neatly)



a ministry of



Camper Information:

Camper's Full Name: _____

Camper's Birthday: _____ Grade Completed 6/10: _____

Medical Insurance Information

Name of Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____

Emergency Contact Information

Emergency Contact Person, other than Parent: _____

Relationship to Camper: _____

Home Phone Number: _____ Cell Phone Number: _____

Medical History

Date of last Tetanus Booster: _____

Allergies: _____

Check Any Which Apply:

Asthma Epilepsy Diabetes Heart Trouble

Other Medical Needs: _____

Special Medications or Diet: _____

Please list any serious accidents, injuries or other important information GEM should be aware of: _____

Parental/Guardian Authorization

My son or daughter has my permission to engage in all GEM Camp (and/or Club) activities. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp (and/or Club and/or Executive) Director to secure proper treatment or hospitalization. I voluntarily waive any claim against Great Expectations Ministries (GEM) and Camp (and/or Club) personnel.

Signature of Parent/Guardian: _____ Today's Date: _____

GEM FISHING CAMPS: 2010 FINANCIAL AGREEMENT

(please print neatly)



Camper Information:

Camper's Full Name: _____

Camper's Birthday: _____ Grade Completed 6/10: _____

Parent/Guardian(s) Name: _____

GEM Camp Cost: \$300

Method of Payment:

Cash Amount Enclosed: _____

Check Amount Enclosed: _____ Check Number: _____

Scholarship Request:

1. Partial Payment Amount (amount you are paying): _____

Cash Check Number: _____

2. Amount of GEM Scholarship Requested: _____

→please note: partial payment amount + amount of GEM scholarship requested must equal \$300

Signatures:

We understand the costs associated with GEM Camps and agree to the camp fee listed above. We understand that if we have financial questions, to direct them to Dave Lindmark, GEM Executive Director, at 952-201-6849, dindmark@gemfishing.org. If requesting a scholarship, we agree to still pay a partial payment to help cover the costs of attending GEM Camp.

Parent/Guardian Signature: _____ Date: _____