

Elementary Adventure Registration Form

Individual Registration

Camper Name _____ Parent or Guardian _____
Address _____ Home Phone _____
Work/Cell Phone _____
City _____ State _____ Zip _____
Home Congregation _____ Camper Birthdate _____ Current Grade _____
Email _____

Group Registration

Contact Person _____
Phone _____ Email _____
Address _____
Congregation _____
Youth Attending _____ Adults Attending _____

PLEASE LIST NAMES ON BACK OF REGISTRATION FORM!

Please return to NeSoDak • 3285 Camp Dakota Dr. • Waubay, SD 57273
605-947-4440 or email nesodak@losd.org

<p>Event you are Attending:</p> <p><input type="checkbox"/> April 14, 2007 Augustana - Sioux Falls, SD</p> <p><input type="checkbox"/> Bringing sack lunch <input type="checkbox"/> Pre-ordered lunch at Augustana for additional \$5 each</p> <p><input type="checkbox"/> April 28, 2007 NeSoDak - Waubay, SD</p>

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(For Group Registration Only)

Camper Name	Camper Address	Emergency Phone(s) Number	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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Total Number of Campers.....	<i>(Option available only for Sioux Falls Location)</i>	
	Bringing sack lunch _____	Pre-ordered lunch at Augustana for additional \$5 each _____

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