

Pioneer Registration Form

Send completed form along with payment in U.S. funds to Pioneer Registration, 9324 Lake Shore Road, Angola NY 14006-9416
 Phone (716) 549-1420 Fax: (716) 549-6018 www.pioneercamp.org email: info@pioneercamp.org

Camper Name _____

New Camper Member Eastern District, LCMS Thrivent Member

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Email Address _____

Home Church _____

City _____ State _____ Zip _____

First Name	Male/ Female	Birthday mm/dd/yyyy	Week Attending	Camp Type	Cabin Mate (List only one)
Example: Jim	Male	10/16/1994	July 14-19	Teen Camp	Dave Smith

Parent/Legal Guardian _____

Home Phone (_____) _____ Work Phone (_____) _____

Emergency Contact (List one per family) _____

Home Phone (_____) _____ Work Phone (_____) _____

Home Address _____

Relationship to Camper _____

Adult Housing Request _____ Second Choice _____

(Refer to Facilities page for a complete housing list)

Photo and Video Release: During the run of its programs, Pioneer staff may take photographs of various program activities and program participants for future promotional use. If you DO NOT consent to having your image and/or likeness used in promotional materials, check the box to the right. (Consent is not required for attendance)

Information release: During the week of camp, many friendships are created and contact information is shared in the form of a social register. If you DO NOT consent to having your name and address shared with other campers and staff, check the box to the right. (Consent is not required for attendance)

Signature _____ Date _____

Adult Camper or Parent/Guardian

For VISA, MASTERCARD, DISCOVER, payment: Charge \$ _____ Name on Card _____ Card Number _____ Exp. _____ Signature _____	Office Use Only	Program Costs _____ (-) Deposit _____ (-) Discount _____ Balance Due _____ Date Rec'd _____ Ack Sent _____
---	-----------------	---