

Summer 2011 Group Hold Registration Form (Please Print Clearly)



Thank you for your interest in participating in one of our exciting programs at Sky Ranch. Please complete the form below to get your registration started. Let us know if you have questions. The following information is provided to help you understand our registration and refund policies.

2011 Sky Ranch Program Schedule

<u>Week</u>	<u>Date</u>	<u>Programs</u>
Week #1	June 12 th – 17 th	Seekers Confirmation / Rendezvous
Week #2	June 19 th – 24 th	Homesteaders / Mountaineers / Rendezvous
Week #2b	June 19 th – 21 st & 22 nd – 24 th	Round Up (2 Nights, 3 Days)
Week #3	June 26 th – July 1 st	Confirmation Intensive
Week #4	July 3 rd – July 8 th	Family Camp
Week #5	July 10 th – July 15 th	Seekers Confirmation / Rendezvous
Week #6	July 17 th – 22 nd	Homesteaders / Mountaineers / Rendezvous
Week #6b	July 17 – 19 th & 20 th – 22 nd	Round Up (2 Nights, 3 Days)
Week #7	July 24 th – 29 th	Seekers Confirmation / Rendezvous
Week #8	July 31 st – August 5 th	Specialty Camps

Group Deposits: A deposit of 1/3 the camp fee per person is required at the time of registration. The deposit is non-refundable, except in case of medical emergency. A \$25 handling fee may be kept if registration is cancelled.

Remaining Balance: Needs to be received three weeks prior to your arrival at camp. We reserve the right to charge a 10% late fee for late payments

Discounts: Sky Ranch offers a sibling discount of \$15 per family member in the same household. A 10% discount will be given to Adult Sponsors for each camper attending camp, up to 100% discount for 10 or more campers.

Financial Aid: We think it is important that every kid should have the opportunity to come to camp. Scholarships are available for those who may not be able to afford part or all of tuition. Go to our website for more information.

Medical Forms and Information: All participants must have a complete physical within the 24 months prior to coming to camp. Each individual will need to fill out and have a doctor signed immunization and medication information. These forms are available on our website.

Background Screening: Groups are responsible for performing a background check on adult sponsors attending from your congregation. Resources: Congregations insurance company or <http://www.elca.org/Growing-In-Faith/Vocation/Rostered-Leadership/Leadership-Support/Background-Checks.aspx>.

Church _____ **Email** _____

Name _____ **Cell Phone** () _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone () _____ **Day Phone** () _____

Program Choice:

#1 _____
 Dates _____
 # of Holds _____
 Amt Pd for each \$ _____

#2 _____
 Dates _____
 # of Holds _____
 Amt Pd for each \$ _____

#3 _____
 Dates _____
 # of Holds _____
 Amt Pd for each \$ _____

#4 _____
 Dates _____
 # of Holds _____
 Amt Pd for each \$ _____

Deposit due is 1/3 the tuition.

Send Information packets as a batch to me.

Send Information packets directly to participants.

As the group contact listed on this form, I agree to send final payment and forms to the camp **three weeks prior to attendance**, and to notify the camp if there are any special needs that pertain to my group. I agree to be responsible for performing a background check on adult sponsors attending from our congregation. I understand the policies and programs of Sky Ranch and have read and accept the registration and refund policies. I understand that if any of my participant's behavior or conduct does not adhere to Sky Ranch guidelines or threatens the safety of other campers, said participant may be dismissed from camp, whereas I am responsible for transportation, with no refund of camp tuition. If paying by credit card my signature below authorizes my charge.

Signature of Group Contact

Please provide this form with **deposit** to **Sky Ranch, 805 S Shields St, Fort Collins, CO 80521.**

Lutheran Ranches of the Rockies operates its programs and activities under permit in the Roosevelt National Forest and the Rocky Mountain National Park. Rules for acceptance and participation in the programs of Lutheran Ranches of the Rockies are the same for all, regardless of race, color, national origin, sex, age or handicap. If you believe you have been discriminated against, write the Secretary of Agriculture, Washington, DC 20250.

Method of Payment

Amount \$ _____ **Visa**

Check # _____ **Master Card**

Expiration Date ___/___ **Discover**

American Express

Credit Card #: _____

Name on Card: _____

Billing Address: _____