

EMPTY NESTERS REGISTRATION

JULY 27 - JULY 28



LEASE HOLDER / RENTER INFORMATION

LOT # or RENTAL: _____

LEASE HOLDER *OR*
RENTER'S NAME: _____

LEASE HOLDER *OR*
RENTER'S NAME: _____

HOME CHURCH: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

**REGISTRATION
FORM
DUE BY 7/13/18**

MEALS

****ALL MEALS INCLUDED IN EVENT COST.**

OFF - CAMPUS EMERGENCY CONTACT INFO

NAME: _____

PHONE #: _____

RELATIONSHIP: _____

ADDITIONAL FAMILY & GUESTS

(As desired on your name tag)

DATES ATTENDING

(If less than all week)

AGE

EMERGENCY CONTACT

(If different than above)

CONTACT INFORMATION

Email Forms To: LCCinfo@LighthouseChristianCamp.org

Mail Forms To: Lighthouse Christian Camp
9574 Somerset Dr.
Barker, NY 14012

More Info / Credit
Card Payments: 716-795-3216

IMPORTANT INFORMATION

****Total Cost for the Event is \$50 per person.**

For Office Use Only

Date Received: _____

Date Paid: _____

Amount Pd: _____