

# Camp registration form side 1

Please note: You may register online at [www.dakcamps.org/camp-and-events](http://www.dakcamps.org/camp-and-events). You may also register by mail by completing this form and mailing it and your deposit to: Dakotas UM Camps, 122 W. Franklin Ave., Suite 400, Minneapolis, MN 55404. Registration forms may also be scanned and emailed to: [info@dakcamps.org](mailto:info@dakcamps.org). Questions? Call (855) 622-1973 (toll-free) or e-mail [info@dakcamps.org](mailto:info@dakcamps.org).

## Part 1: Camper Information

Full-name: \_\_\_\_\_ Mailing address: \_\_\_\_\_  
Grade completed as of June 2025 (if under 19): \_\_\_\_\_ City: \_\_\_\_\_  
Birth date: \_\_\_\_\_ State: \_\_\_\_\_  
Gender: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Home e-mail: \_\_\_\_\_

## Part 2: Camp Information

### Please enroll me in:

Camp number: \_\_\_\_\_  
Camp name: \_\_\_\_\_  
Dates: \_\_\_\_\_  
Church name & City: \_\_\_\_\_  
Church denomination: \_\_\_\_\_  
No Church Affiliation   
Are you using a church discount?  Yes  No  
Church code: \_\_\_\_\_  
Name of church offering discount if different from above: \_\_\_\_\_

### Please send ALL my camp materials and information via:

Regular mail only  E-mail only  
Preferred e-mail address: \_\_\_\_\_  
Roommate/Cabin Mate Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part 3: Parent/Guardian/Emergency Information

\*Guardian 1 full name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Guardian 2 full name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
\*Emergency contact (must be different than guardians):  
Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell phone #: \_\_\_\_\_ Alternate phone #: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Signature of guardian is required if under 18: \_\_\_\_\_

## Part 4: Camper's Needs

Camper's dietary needs:  None  Yes, listed below (Examples: food allergies, restrictions, vegetarian, lactose intolerance, etc.)

**Help us understand your camper's needs** (disabilities, injuries, health issues, etc.). Check all that apply:

- |   |  |                                       |   |  |
|---|--|---------------------------------------|---|--|
| <input type="radio"/> No Health Concerns        | <input type="radio"/> Allergies - other  | <input type="radio"/> Autism          | <input type="radio"/> Genetic syndrome    | <input type="radio"/> Gender identity accommodations |
| <input type="radio"/> ADD/ADHD                  | <input type="radio"/> Anxiety/depression | <input type="radio"/> Diabetes        | <i>(e.g. Down Syndrome)</i>               | <input type="radio"/> Physical disability            |
| <input type="radio"/> Allergies - insect stings | <input type="radio"/> Asperger's         | <input type="radio"/> Eating disorder | <input type="radio"/> Learning disability | <input type="radio"/> RAD                            |
| <input type="radio"/> Allergies - seasonal      | <input type="radio"/> Asthma             | <input type="radio"/> EBD             | <input type="radio"/> OCD                 | <input type="radio"/> Other _____                    |

**Other info—please provide additional information if needed:** \_\_\_\_\_

\*Required

Register

# Camp registration form side 2

## Part 5: Camp Cost and Payment Information

Note: When registering for camp, we require a \$50 deposit for a two night camp and a \$100 deposit for a camp that is three nights or more.

Cost of camp:	\$ _____	* Early bird discount is \$5 off per night. For example, a two night camp would be \$10 off and a five night camp would be \$25 off.
Donation to camperships (optional):	\$ + _____	<b>Ends April 30.</b>
*Early Bird discount ( <b>Ends April 30</b> ):	\$ - _____	
Church code discount amount:	\$ - _____	
**\$25 discount for each friend referred:	\$ - _____	**Name of each referred friend (Must be new campers to Dakotas UM Camps and must register for camp in order for discount to be applied.):
<b>TOTAL:</b>	\$ _____	_____

Comments: \_\_\_\_\_

**Checks:** Make checks payable to **Dakotas UM Camps** and mail to the central camping office.

**Credit Cards:** Please complete the information below. Additional payments can be made by calling the camping office at 855-622-1973.

<input type="radio"/> Visa <input type="radio"/> MasterCard	Card number: _____	Exp. date (MM/YY): _____
<input type="radio"/> Discover <input type="radio"/> AmEx	Amount to charge: \$ _____	3-digit verification code _____ <i>(on back of credit card by signature)</i>

Name as it appears on card (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

## Part 6: Campership Request

It is the position of the Camp and Retreat Council that no potential camper be turned away from having an annual camp experience because of a personal lack of funds. We seek to provide campership grants based on individual and family needs. Our expectation is that your local church, personal funds, and conference support will combine to cover the registration costs. Campers with no connection to a local church may contact the camping office for information on support options. Apply online at [www.dakcamps.org](http://www.dakcamps.org) or check below. **If you check below, we will send you a campership application that you must fill out and return to the camping office.**

**Please send me a campership application via:**  Regular mail    E-mail

## Part 7: Register for Camp in One of Four Ways:

1. Send form to\*\*\*: Dakotas UM Camps  
DAK/MN Area Central Camping Office  
122 W. Franklin Ave., Suite 400  
Minneapolis, MN 55404
2. Register online at: [www.dakcamps.org](http://www.dakcamps.org)
3. Scan and e-mail completed form to [info@dakcamps.org](mailto:info@dakcamps.org)
4. Call the central camping office at 855-622-1973

\*\*\*Don't forget to send in your deposit when you register.