Registration for Camp Onomia Retreats

Last Name	First Name	Middl	Middle	
Address	City	State	Zip	
Telephone	Email Address			
Youth Camp only:	Your registration confirmation will be sent to your email address.			
Age Birth Date/_				
understand that Camp Onomia only provice permission to seek professional medical as printed and electronic promotional materia held liable for damages resulting from inap	Parent Signature:	mily insurance assumes primary contermission for Camp Onomia to us hild if behavior is disruptive to car	overage. I give camp staff e images of my child in camp	
Online submission of this form legally bin	ds you to this statement.			
	Cell Phone:			
Program Requested:				
	City		State	
Room Mate Requested: Name _		City		
Full Program Fee enclosed:				
approximately 25%. Donations	y member congregation membership fe over and above the posted camp fee are assist the ministries of Camp Onomia	e tax deductible.	lividuals by	
Payment				
Total program payment listed al	oove:			
	(Thank You!)			
	Credit Card: Card Typ	e: MasterCard Visa	a	
	m above			
() I wish to pay by check whi				
= * *				

Mailing Address and Phone

Please mail this completed form no later than 8 days prior to the event date along with your payment/deposit to:

Camp Onomia Registration

14202 Shakopee Lake Road

Onamia, MN 56359

320-532-3767 (office)

Registration deposits are not refundable except in case of illness or funeral.



Thank you for attending Camp Onomia!