



Camper Registration 2026

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Church: _____

Registration is made for week of (choose one):

- | | |
|---|--|
| <input type="checkbox"/> Pre-teen | <input type="checkbox"/> Art |
| <input type="checkbox"/> Middle School | <input type="checkbox"/> Quilters |
| <input type="checkbox"/> Family Week #1 | <input type="checkbox"/> Intellectual & Developmental Disabilities |
| <input type="checkbox"/> Family Week #2 | <input type="checkbox"/> Senior Citizen |
| <input type="checkbox"/> Family Week #3 | <input type="checkbox"/> LWML/Women's Retreat |

Pre-Teen & Middle School Week Information:

Current Grade Level: _____ **Birthdate:** _____ **Gender (circle one):** M F

Emergency Phone Number: _____

Parent/Guardian Name(s): _____

I hereby grant permission for my child, _____, to participate in all activities sponsored by Camp Linn Haven, including field trips.

Parent/Guardian Signature: _____ **Date:** _____

Please mail form with \$50/person deposit to: Camp Linn Haven, PO BOX 1096, Conover, NC 28613

Reservations will be made on a first-come, first serve basis. You will be notified if your request CANNOT be honored. NO confirmations will be sent unless requested and a self-addressed, stamped envelope accompanies registration form.