



# EXILED OCTOBER 19-21 AND 26-28, 2018

Could you even begin to imagine what it would be like to live in a country where it is illegal to worship the God of the universe? Where each time you gathered for a worship service your very life could be threatened? Thankfully, we don't live in a country like that but the question begs answering, if we did would the church of Christ rise like never before? Join us this fall for Exiled. We will have camp fires, great food, laughter, paintball, laser tag, an amazing adventure storyline but most importantly incredible worship and passionate preaching! This will be a year you will not want to miss! Please visit [www.lakeanncamp.com/exiled](http://www.lakeanncamp.com/exiled) or give us a call at 231-275-7329 for details and registration. For grades 6-8.

**REGISTER ONLINE  
WWW.LAKEANNCAMP.COM/REGISTRATION**

**\*\$40 DEPOSIT DUE WITH REGISTRATION**

<b>EXILED #1: OCTOBER 19-21</b> <input type="checkbox"/> Student: \$135 <input type="checkbox"/> Leader: \$99	<b>EXILED #2: OCTOBER 26-28</b> <input type="checkbox"/> Student: \$135 <input type="checkbox"/> Leader: \$99
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Camper Name \_\_\_\_\_ Attending with: Church Name and City \_\_\_\_\_

Gender:  Male  Female      Current Grade \_\_\_\_\_ Camper Birthdate (mm/dd/yy) \_\_\_\_\_ Cabin Mate Request \_\_\_\_\_

Parent/Guardian Name #1 \_\_\_\_\_ Parent/Guardian Name #2 \_\_\_\_\_

Parent/Guardian Phone Number #1 \_\_\_\_\_ Parent/Guardian Phone Number #2 \_\_\_\_\_

Email Address #1 \_\_\_\_\_ Email Address #2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payment Method:  Check  Credit Card      Amount: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_

## STUDENT ACCOMODATIONS AND DIETARY INFORMATION

Does the student need any special accommodations to participate in activities?  Yes  No  
If yes, please explain: \_\_\_\_\_

Does the student have any dietary allergies?  Yes  No  
If yes, please explain: \_\_\_\_\_

## PARENT/GUARGIAN SIGNATURE

*I certify the above student has my permission to attend this retreat and participate in all activities. I also realize that my student's picture or testimony may be used in the promotion of Lake Ann Camp.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Staff Use Only:  
Rcv'd \_\_\_\_\_ Payment \_\_\_\_\_ Initials \_\_\_\_\_

