

Camp Omega
Individual Registration Form

Please mark the program that you are planning on attending. If you are attending multiple events please complete a separate form for each event. The camp will send a confirmation letter and any additional event information.

Event: _____

Date: _____

Participant Name:

Address:

Contact Person:

Person's Email:

Contact Phone: (____) _____ Home
(____) _____ Work

Special dietary needs, medical needs or other family needs: _____

A \$10 per person non-refundable deposit is due with your registration. You may pay by check or credit card.

Method of Payment

Visa____ MasterCard____ Check____

Amount you are paying at this time: \$ _____

Card no. _____ Exp. Date _____

Name on Card _____

Camp Omega
22750 Lind Ave
Waterville, MN 56096
www.campomega.org
email: info@campomega.org
(507) 685-4266 (507) 685-4401 FAX