



# 2007 Winter Registration Form



Use one form per camper. Please follow registration steps listed in the summer brochure.

CAMPER NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GRADE COMPLETED \_\_\_\_\_ GENDER: Male or Female  
(AS OF SPRING '07)

CHURCH \_\_\_\_\_ SCHOOL \_\_\_\_\_ CAMPMATE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

OTHER PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
(FOR CONFIRMATION)

|   |
|---|
| <b>MARITAL STATUS:</b><br>Married / Single / Divorced |
| <b>CUSTODY:</b><br>Joint / Father / Mother / Other    |

### Credit Card Information

Visa/MC/Discover Card# \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration Date \_\_\_/\_\_\_ Signature \_\_\_\_\_

### Contract:

I hereby state that all the information above is correct to the best of my knowledge. I approve this application and agree to the terms stated above.

### Donation Worksheet

\$+ \_\_\_\_\_ **Camper Scholarship** (Help send a child to camp!)

\$+ \_\_\_\_\_ **Counselor Gift** (Help support our summer staff!)

\$  **Total Gift Enclosed**

|   |      |
|---|------|
| Signature of Parent/Guardian/Adult Camper | Date |
|---|------|

Please mail to:  
**Winter Registrations, 58212-403 Ave., Zumbro Falls, MN 55991**

Questions? Phone: 507.288.1525 or E-mail: [info@campvictory.com](mailto:info@campvictory.com)

**CAMP VICTORY RESERVES THE RIGHT TO CANCEL ANY SESSION IF MINIMUM IS NOT MET.**

## 2007 Winter Camp Schedule

| <u>SESSIONS</u>                 | <u>DATES</u>   | <u>GRADE</u> | <u>TUITION</u> |
|---------------------------------|----------------|--------------|----------------|
| <b>DEEP FREEZE (Pioneers)</b>   | January 12-14  | Grades 3-6   | \$90           |
| <b>WINTER BLAST (Explorers)</b> | February 9-11  | Grades 6-9   | \$90           |
| <b>WINTER THAW (Experts)</b>    | February 23-25 | Grades 9-12  | \$90           |