

2018 FALL FOCUS APPLICATION

Name _____

Age _____ Grade _____

Address _____

City/State/Zip _____

Home Phone _____

Alternate phone _____

Email address _____

Congregation _____

Adult T-shirt size: S M L XL XXL XXXL

EMERGENCY CONTACT INFORMATION

Name _____

Relation to camper _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

PAYMENT INFORMATION \$60

(A \$10 fee will be applied to all credit card charges.)

Check Visa Master Card

Discover

Cardholder name: _____

Address for Acct: _____

City/State/Zip _____

Card Number _____

Expiration Date: _____ 3Digit Code: _____



The purpose of Fall Focus is to give the opportunity to take a break from our busy lives and refocus ourselves on Christ. The Camp Lu-Jo KISMIF Fall Retreat has a rich history of being an uplifting and fun time to grow closer to God, reconnect with friends, and make new friends! Don't miss out on this great opportunity to see your camp family and grow! See you there!

GROWING IN FAVOR WITH GOD

Camp Lu-Jo KISMIF exists for the purpose of providing wholesome activity for young people in a Christian environment and is supported by interested individuals. The Board of Directors dedicated Camp Lu-Jo KISMIF to the training of young people spiritually, mentally, socially, and physically in the example of Luke 2:52, "And Jesus grew in wisdom and stature, and favor with God and men." Camp Lu-Jo strives to attract young people who desire an environment of proper dress and Christian behavior. The camp was founded to serve the purpose of serving spiritually, decency, and Christian character.

**APPLICATIONS MUST BE RECEIVED BY
OCT 26TH! NO EXCEPTIONS!!!**

FALL FOCUS 2018

"Do Better"
2 Timothy 2:15

New Date!

November 2nd - 4th

6th - 12th Graders

COST AND REGISTRATION

The retreat cost is \$60 per person and includes retreat costs, meals, and a long sleeve t-shirt.

Send payment and this completed application form by October 13th to: Camp Lu-Jo KISMIF, PO Box 2232, Lawton, OK 73502

Registration begins at 6:30 pm on Friday, November 2nd. **DINNER WILL BE PROVIDED ON FRIDAY NIGHT!** The retreat ends at noon on the 4th.

CONTACT INFORMATION:

For maps and directions, please visit www.lujo.org.

Please direct questions to:
fallfocus@gmail.com

To reach camp Lu-Jo during the retreat, call Josh Mallow at 580-591-3542, Troy Rogers at 405-207-7271, or Thomas Wood at 405-474-7261.

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WHAT TO BRING:

- *Bible, notebook and pen for notes
- *Clothes appropriate for sports and worship.
- *Closed-toe shoes. Shorts, skirts, and dresses must reach the top of the knee when standing.
- *Toiletries such as toothpaste, soap, shampoo, comb/brush, bug spray, etc.
- *Bedding, towels, laundry bag, sweater/jacket for cool evenings, cap/hat
- *A good attitude and desire to learn and grow closer to God and all friends both old and new!

WHAT NOT TO BRING:

***NO CELL PHONES, IPODS, IPADS, MP3**

PLAYERS, ETC. DO NOT BRING THEM TO CAMP!

- *Clothing with inappropriate printing/messages, tank tops, low cut blouses, short shorts, etc.

IF YOU HAVE TO ASK, THE ANSWER IS NO!

- *Lighters, matches, tobacco products, fireworks, weapons, pocket knives, firearms, etc.

MEDICAL STATEMENT FORM

Camper name: _____

Age: _____

Birthday: _____

Allergies or health issues: _____

MEDS MUST BE TURNED IN AT REGISTRATION

Please administer the following medications to my child while at Camp Lu-Jo KISMIF. I understand that ALL medications must be in the original, properly labeled container for distribution. Include OTC meds.

(Medication, Dose, Frequency, Reason)

Does the camp medical staff have permission to administer over-the counter medications for common conditions such as headache, insect bites, and seasonal allergies?

Please circle **YES** or **NO**

INSURANCE INFORMATION:

Name of insured: _____

Insurance Company: _____

Address: _____

City/State/Zip _____

Claim Telephone: _____

Policy #: _____

Group Name/#: _____

CAMPER AGREEMENT:

Agreeing to abide by ALL the rules of camp as outlined in the 2017 Retreat Information Sheet and to do my best at all time to be a true Lu-Jo

KISMIF camper, I hear by apply to attend Fall Focus at Camp Lu-Jo KISMIF.

Camper signature:

_____ Date: _____

PARENT/GUARDIAN AGREEMENT:

As the parent or guardian of this camper, this registration has my approval. It is agreed that the retreat fee will be paid and will not be refunded if my camper leaves for any reason other than sickness. It is understood that there will be no discriminations for service to any camper because of race, color, or national origin. However, the retreat directors may reject the applications due to past conduct of the camper or may dismiss the camper for violation of camp rules. While the camp takes reasonable precautions, it is agreed that the camp assume no responsibility for the campers personal property and is released from liability in connection with medical care or service except in cases covered by the camp's Camper Insurance. It is understood that upon arrival each camper will be required to undergo a screening for head lice and any camper found with lice or nits will not be permitted to stay. In case of emergency, I give my permission for the camper named on this registration form to receive emergency medical treatment at a hospital, clinic, or other health care provider. I understand that compensation will not be received for the use of any pictures, videos, or other media containing the listed camper in camp promotional material and release the camp from all liability concerning the use of such promotional material.

Parent/Guardian signature:

_____ Date: _____