



**Cross of Hope &
Rainbow Trail Lutheran Camp**

Preschool Day Camp Registration Form

Rainbow Trail
Lutheran Camp

Name _____ Male _____ Female _____

Address _____ City _____ St _____ Zip _____

Home Phone (____) _____ Emergency Phone (____) _____

Parent/Guardian Name _____

Day Camp Date _____ Grade Entering in the fall _____

Home Church _____ City _____

(Return this form with \$25 to Cross of Hope Lutheran Church)

6104 Taylor Ranch RD NW
Albuquerque, NM 87120

“I am interested in the policies and programs of Rainbow Trail Lutheran Camp and give my child permission to participate in all activities. I agree that Rainbow Trail will not be held responsible for accidents or persons injured arising therefrom. I also understand my photo or my child’s photo may be taken for use in camp promotional literature. I waive the right to inspect or approve the photo if used for such purposes.”

Parent/Guardian Signature _____ Date _____

