Winter Connection registration form

Please note: You may register online at **www.dakcamps.org**. You may also register by mail by completing this form and mailing it and your deposit to: Dakotas UM Camps, 122 W. Franklin Ave., Suite 400, Minneapolis, MN 55404. Registration forms may also be scanned and emailed to: info@dakcamps.org. Questions? Call (855) 622-1973 (toll-free) or e-mail info@dakcamps.org.

Part 1: Camper Information	
Full-name:	Mailing address:
Birth date: Grade in school:	City:
Gender:	State:
○ Male ○ Female	Zip code:
Cell phone: Home phone:	Home e-mail:
Part 2: Camp Information	
Please enroll me in	Please send ALL my camp materials and information via
Camp number: #800	○ Regular mail only ○ E-mail only
Camp name: 2026 Winter Connection - January 30-31, 2026	Preferred e-mail address:
Circle Location: FARGO * MITCHELL * RAPID CITY	
Church name & City:	
Youth Leader's Name:	
No Church Affiliation	
Are you using a church discount? \bigcirc Yes \bigcirc No	
Church code:	_
Name of church offering discount if different from above:	
Part 3: Parent/Guardian/Emergency Informa	
_ ,	
Guardian 1 full name:	
Guardian 1 work #: Guardian 1 cell #:	Guardian 1 e-mail:
Guardian 2 full name:	Relationship:
Guardian 2 work #: Guardian 2 cell #:	
Emergency contact (must be different than guardians)*:	
Full name:	Polationship
Work#: Cell #:	•
VOIK# Ceii #	L-IIIaII.
Signature of guardian is required if under 18:	
Part 4: Camper's Needs	
Camper's dietary needs: None Yes, listed below (Examples: 1	food allergies, restrictions, vegetarian, lactose intolerance, etc.)
Help us understand your camper's needs (disabilities, injuries, hea	Ith issues etc.) Check all that apply:
Their as anderstand your earriper's freeds (disabilities, fillulles, free	iai issues, etc.,. effect all that apply.
○ No Health Concerns ○ Allergies (other) ○ Autism	○ Genetic syndrome ○ ODD
○ ADD ○ Anxiety/depression ○ Diabetes	(e.g. Down Syndrome) Physical disability
○ ADHD ○ Aspergers ○ Eating disord	er C Learning disability C RAD
○ Allergies (seasonal) ○ Asthma ○ EBD	OCD Other
Other info—please provide additional information if needed:	

(855) 622-1973 or www.dakcamps.org |

registration form side 2

Part 5: Camp Cost and Payment Information

	TOTAL: \$	_
		Church code:
Comments:		
Credit Cards: Please comp	•	the central camping office at the address below. I payments can be made by calling the camping office at
Credit Cards: Please comp (855) 622-1973	•	l payments can be made by calling the camping office at
Credit Cards: Please comp (855) 622-1973 O Visa O MasterCard	lete the information below. Additional	Exp. date (MM/YY): 3-digit verification code
Credit Cards: Please comp (855) 622-1973 O Visa O MasterCard O Discover O AmEx	lete the information below. Additional	Exp. date (MM/YY): 3-digit verification code (on back of credit card by signature)

Part 6: Register for Camp in One of Four Ways:

1. **Send form to**:** Dakotas UM Camps

DAK/MN Area Central Camping Office

122 W. Franklin Ave., Suite 400

Minneapolis, MN 55404

- 2. Register online at: www.dakcamps.org
- 3. Scan and e-mail completed form to

info@dakcamps.org

4. Call the central camping office at

(855) 622-1973 to process a credit card.

**Don't forget to send payment when you register.