

Twin Lakes Bible Camp





Camp Attending: Family Camp #1 (July 18-21)	Family Camp #2 (August 1-4)	
PARENT / ADULT		
Parent / Adult Names:		
Mailing Address:		
City:	State:	Zip Code:
Email Address:		
Home Phone: ()	Cell Phone: ()	
Home Church and City:		
Dietary Restrictions (specify family member):		
Please call the Office if you need gluten free, dairy free, or vegetarian meal alternatives.		
CHILDREN		
Name: Date of Birth:	Grade: (going into)	Relationship: (i.e., daughter, grandson, niece)
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LODGING		
Specific lodging requests are honored based on a first come, first served basis with consideration for special needs. Lodging descriptions are on our website under the "Guest Groups" tab. Please specify your first and second choice.		
The Inn:	Tent / RV Site:	
North Twin Lodge:	South Twin Lodge:	
TLBC CONTACT INFORMATION		
Please provide all information and send to Twin Lakes Bible Camp (see contact information below). Please include a \$50 non-refundable deposit for each family member with your registration. Remaining balance is due upon arrival.		
Phone: (712) 297 - 7714	Twin Lakes	Bible Camp
Fax: (712) 297 - 7755	Mail: 7718 Twin	Lakes Road
Email: info@twinlakesbiblecamp.com	Manson,	IA 50563