



REGISTRATION FORM

Rooted Summer Camp 2025

August 8-11, 2025

STUDENT INFORMATION

Last Name:		First Name:	
Birth Date:	Grade Entering in Fall 2025:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:			
City:		State:	Zip Code:
Home Church & City:		Dietary Restrictions):	
T-shirt Size: __YM __YL __YXL __XS __S __M __L __XL __XXL			

PARENT/GUARDIAN

Parent/Guardian Name(s):	
Parent/Guardian Cell:	Parent/Guardian Cell:
Home Phone:	Email Address:

IN CASE OF EMERGENCY

(only to be used If unable to reach Parent/Guardian)

Name(s):	
Relationship:	Home Phone:
Cell Phone:	Work Phone:

ROOTED LEADERSHIP CONTACT INFORMATION

Please provide all information and send to Le Mars Bible Church. Forms and non-refundable \$75 deposit is due March 28, 2025. The remaining balance is due in full by May 30, 2025.

Contact Name: Derek Plegge	Le Mars Bible Church c/o Rooted Camp 1550 7 th Avenue SE Le Mars, IA 51031
Phone: (712) 546-6915	
Email: dplegge@lemarsbiblechurch.org	