Retreat Group Registration

Use the following to register your group for the retreat/year-round camp of your choice. Please complete the information below for each individual attending from your church or group. Include chaperone/adult information as well as youth/children information. Payment should be mailed with this form for your group to complete registration. A waiver and brief health history form will be emailed to the contact person; a copy of those forms, for each attending participant, should be completed and returned to the camp office at least two weeks prior to the event.

Contact Name_____Church/Group Name_____
Church/Group Address_____
City, Zip_____ Phone_____
Church District (if applicable)_____
Contact Cell Phone_____Contact Email_____

Name/Date of Event:_____

Name	Age/Grade or Adult Leader or Pastor	Gender	Special Dietary Needs