

Junior High Fall Retreat 2017

Current Grade 6-8

November 3-5, 2017

COST \$60



“Clarity Among the Confusion”



REGISTRATION FORM

NAME _____ AGE _____ GRADE _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE (____) _____

CONGREGATION/MISSION CENTER _____

I promise to live by camp rules and to actively support the programs developed by the camp staff

Camper's signature _____

I give my permission for _____ to attend the Junior High Retreat. I have confidence that those in charge will exercise diligence for the safety of my child. I hereby release the leader of any responsibility for personal injury. In case of medical emergency, I understand that every effort to contact the parents/guardians of the camper will be made. In the event that I cannot be reached, I hereby give the permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injections, anesthesia, surgery, or other medical procedures for my child as named above.

SINGATURE _____ DATE _____

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

(PARENT/GUARDIAN MUST SIGN FORM FOR REGISTRATION TO BE COMPLETE)

PLEASE visit www.campbountiful.org to submit your “Intent to Attend” the retreat and
BRING SIGNED REGISTRATION FORM AND PAYMENT TO THE RETREAT

Please email (tomkaz1@msn.com) or call (614-425-2607) Tom Kaczmarek with any questions.