The Fifth Annual Children’s Spiritual Retreat

GRADE 3, 4 & 5

JUNE 12-14, 2015

Registration Form

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child's Name: | |  | | | | | | | | | |
| Date of Birth | | / / | | | School Grade | |  | T-Shirt Size | |  | |
| Father’s Name: | |  | | | | | | | | | |
| Address: | |  | | | | | | | | | |
| City | |  | | State | |  | | | Zip | |  |
| Home Phone: | | |  | Mobile Phone: | | |  | | | | |
| Emergency Contact |  | | | | Emergency Phone | | | |  | | |
| Church Name |  | | | | | | | | | | |
| City: | | |  | | State: | |  | | | | |
| Special condition, medications or allergies: | | | | | | | | | | | |
|  | | | | | | | | | | | |

Enclosed is my full payment of: $\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do agree for my child to join this Spiritual retreat and abide by its written rules.

Parent’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church priest’s or Head of Sunday school's signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_