Scrapbooking Fall Retreat 2017

Thursday, October 19, 6:00 pm— Sunday, October 22, 3:00 pm

Name:_____ _____ **DOB:** ____/_____/_____
Last **First**

Address: _____ _____ _____ _____
Street **City** **State** **Zip**

Email: _____

Phone: _____ _____ _____
Day **Evening** **Cell**

Special Needs (Dietary)_____

(Allergies/Medical)_____

Home Church_____

Emergency Contact:_____ _____ _____
Name **Phone** **Relationship**

Roommate Requests:_____

Tablemate Requests:_____

Pricing Worksheet

Registration Fee for Scrapbooking _____
($116 Fri PM, $130 Fri AM, $145 Thurs PM)

Linens @ 8.00 each (Optional) _____

Total _____

Deposit Enclosed $25_____
Total Due at Registration _____

I/we waive any claim for me/us or my/our child that may arise against the camp and/or employees as a result of participation in the program, except for those that are a direct result of gross negligence of the camp or its employees.

I give permission for persons registered to be photographed and /or videotaped for promotional purposes.

Signature _____ **Date**_____