

REGISTRATION FORM

Name:

Address:

City:

Prov:

Postal:

Phone #:

Email:

Home Church:

Room mate requested:

Please Circle one:

Rise Up (Sr. High Retreat)

Rise 'n Shine (Jr. High Retreat)

Are you attending as a youth sponsor? Y / N

Specific Dietary needs:

Health Care #:

Cost: \$110 (GST Included)

Pay by: *Check Mastercard Cash*

Emergency Contact (Name & Phone #):

I further release and forever discharge the organizations involved in this retreat, their representatives and leaders from claim, debt, charge, or damages arising, or which may in the future arise over the operation of any activity in relation to this event.

Signature: _____