

English Retreat 2010 Registration Form

July 31 – August 2 @ Brock University, St. Catherines, Ontario



Participant's Information

First name: _____ Last name: _____

Gender: Male Female Age: _____ Date of birth: _____ / _____ / _____
Month / Day / Year

Address: _____ City: _____

Province: _____ Postal Code: _____

Home phone: (____) _____ - _____ Email: _____

Fellowship: _____ Health Card #: _____

Participant under 16 years of age must submit a signed Parental Consent form before participating in Summer Retreat. Parental Consent form is on the back of this page.

Registration

Full time (Sat, Jul 31st, 7:30 am pick-up - Mon, Aug 2nd, 3 pm return home)

Part time (Please specify day and time of arrival and departure.)

Transportation

I will arrange my own ride
If yes, who is the driver? _____

I need a ride

Registration Fee

Before June 27 - \$60/person
After June 27 - \$80/person

The total camp cost is \$200 per person (include all meals & accommodation). The remaining balance will be funded by fundraising and free will offerings designated for *English Retreat* on the CLBC offering envelop.

Participant's Consent

As a participant, I will respect the designated leaders, counselors and my peers. I will follow all the rules setup by the English Retreat Committee and will take full responsibility for any misconduct or accidents I might cause.

Dated this _____ day of _____, 2010 _____
Day Month Participant's signature

---- DO NOT WRITE BELOW ----

Received by: _____ Date: _____	Filed by: _____ Date: _____
Amount received: \$ _____ Cash / Cheque # _____	Reference number(s): _____
Remarks: _____	

Theme: Diversity. Unity.

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Parental Consent Form

Please read all details before you sign.

*Participant under 16 years of age must submit a signed Parental Consent form before participating in English Retreat at Brock University.

I (We), _____ being the parent(s)/legal guardian(s) of
Parent's or guardian's name(s)

_____ hereby give our approval of the said minor to attend
Participant's name

Calvary Logos Baptist Church's English Retreat at Brock University, St. Catherines, Ontario.

I (We) assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. I (We) do hereby release, absolve, indemnify and hold harmless the said Church, the organizers and supervisors from any and all loss, injury, or other damage to us or the above named minor arising out of the trip.

In case of injury to my (our) child, we hereby waive all claims against the organizers or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

This release authorization shall remain effectively until August 2nd, 2010 unless sooner revoked in writing delivered to the said Church.

Signature of parent or guardian: _____

Dated this _____ day of _____, 2010.
Day Month

Emergency Contact Daytime phone number: (_____) _____ - _____

Emergency Contact Nighttime phone number: (_____) _____ - _____

Theme: Diversity. Unity.