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:

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