



Fall 2017 Women's Retreat

Attending: Thurs. night _____ Friday night _____

Thurs. day only _____ Friday day only _____

Allergies: NO _____ YES _____

Heart Condition: NO _____ YES _____

REGISTRATION FORM

NAME: _____ **age:** _____ **T-shirt size:** _____

Cell: _____ **Text? Y** _____ **N** _____ **Home#:** _____

Email: _____

Mailing Address: _____

Physical Address: _____

Do you snore? Y _____ **N** _____ **Do you like to sleep in cold temps?** _____

Do you have a problem sharing a bedroom? Y _____ **N** _____

Are there any food or drug allergies or medical problems we need to be aware of?
Y _____ **N** _____

If you said yes to allergies or medical problems please list them here:

List any health issues : _____

Please list all current medications you are currently taking:

In case of emergency please list your emergency contact information below

Contact Name: _____

Hm# _____ **Cell#** _____

Contact Name: _____

Hm# _____ **Cell#** _____

Do you have current health insurance? Y _____ **N** _____

Insurance Company Name: _____

Subscriber Name: _____

***Note: Shiloh Community Church, Chaperones, & Staff are not responsible for accidents while attending the 2017 Fall Women's Retreat at Lake Ft. Smith*

Your Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(if under 18 years old)