

BAPTIST HILL SENIOR ADULT RETREAT

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () _____ CELL: () _____

NAME OF CHURCH: _____

CITY OF CHURCH: _____

ASSOCIATION: _____

ATTENDING AS: (CIRCLE ONE) GUEST DIRECTOR/ASST. WORSHIP LEADER
 PASTOR/BIBLE FIRST AID KITCHEN

AMOUNT SENDING WITH REGISTRATION: \$ _____ (min. registration deposit is \$25 per person)

HOUSING REQUESTED: (MARK 1 BY FIRST CHOICE and 2 BY SECOND CHOICE)

_____ DORMITORY _____ MOTEL UNIT _____ RV CAMPGROUND

_____ OTHER (please specify) _____

IF YOU PLAN TO ROOM WITH SOMEONE, LIST: _____

If you have trouble with walking moderate distances, taking stairs, or anything we need to know to help with room assignments please indicate:

>>Complete the Health Form on the back side of this sheet!!

SEND TO: BAPTIST HILL ASSEMBLY
 PO BOX 491
 MT VERNON, MO 65712
 417-466-3034

Senior Adult Health Form

Name: _____

Date of Birth: _____ Male _____ Female _____

Allergies: _____

Special Diet Instructions:

Are you Diabetic? *Yes* *No* Take Insulin? *Yes* *No*

You will be responsible for keeping your meds with you while at Baptist Hill.

Please indicate where you have them stored in case of emergency:

List medications you are currently taking: *(attach additional sheet if you need more space)*

Physician Name: _____

Physician Phone #: _____

Hospital Preference: _____

Emergency Contact: _____ _____
name *phone number*

_____ *relationship to attendee*