

# 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!!

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

Senior Adult Health Form

Adult #1

Adult #2

Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Diet Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diabetic?                      Take Insulin?

Diabetic?                      Take Insulin?

Yes      No                      Yes      No

Yes      No                      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 & Phone:

Physician Name & Phone:

\_\_\_\_\_

\_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(name and phone number)