

Maysville Wesleyan Youth Fall Retreat 2019

Registration Form

Name: _____, _____
(Last) (First)

Gender: ___ Male ___ Female Date of Birth: ___/___/___

Age: ___ Grade: ___

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Payment Received	
Camp Fee	\$ _____
Discounts	\$ _____
(purpose of discount)	

Amount Paid	\$ _____
Cash or check:	_____
Room #	_____

Parents/Guardian: Father Mother
Name: _____

Address: _____

Email Address: _____

Phone Home: _____ Cell: _____ Home _____ Cell: _____

Work Phone: _____ Work: _____

Emergency Contact: Name: _____ Relationship: _____

Address: _____ Phone: _____

Name of Home Church: _____ T-Shirt Size: _____

I would like to room with: (list up to 2-3 friends) _____

[Note: We can't guarantee you will be with them but it helps us to make assignments]

I give my child permission to participate in all activities at the Maysville Wesleyan Youth Fall Retreat 2018.
I have reviewed the Code of Conduct with my child so that we both understand the expectations.

Parent/Guardian

Date