

2019 Church Retreat Registration Form

(One Form for Each Person)

Redwood Glen

	t		Last	Chine	Chinese Name		
A dalam on							
Address: Number Cell: Sex:			Street		City		
		Male	Female Language Preferenc	e· Fnglish	Chinese	Bilingual	
	JCA		Language Frenchen	c	Cimicse _] Dililigaai	
Roommate Request:							
Transportation: Can drive	e 🗌 Can drive	Passer	ngers 🗌 Need ride 🛮 School Gr	ade: N	ursery (unde	er age 6)	
I. RETREAT COST: Please ch	eck the box tha	nt applies					
			b) 2 – 4 persons per room, p	rivate hathroom: lin	nen nrovideo	l Countes	
a) 4 – 6 persons per room, shared bathroom not provided. On or			and/or families can share		On or	. coupies	
-	Before 5/5	After 5/5			Before 5/5	After 5/5	
4 – 12 years old	\$106	\$136	4 -12 years old (must roon	n with parent(s))	\$120	\$150	
13 – 17 years old	\$159	\$189	13 – 17 years old (must ro	om with parent(s))	\$179	\$209	
Adult	\$212	\$242	Adult		\$284	\$314	
Children Under 4 is free	Needs	scholarship	Final Deadline for F	Registration 5/19/1	9		
II. MEDICAL RELEASE FORM	1 / FIFI D TRIP	PERMISSIO	ON SLIP				
All campers must fill							
•							
 Please fill out Part A 	& B if your da	ughter/sor	n is under age of 18 (to be come	oleted by parent / gua	ardian who is	not	
 Please fill out Part A attending the retreat) 	& B if your da	nughter/sor	n is under age of 18 (to be comp	pleted by parent / gua	ardian who is	not	
			n is under age of 18 (to be comp	oleted by parent / gua	ardian who is	not	
attending the retreat)					ardian who is	not	
Part A: Medical Information Medical Insurance:			n is under age of 18 (to be comp		ardian who is	not	
Part A: Medical Information Medical Insurance: Part B: Youth Name:	on Insurer's	Name:	Policy Numb	er:			
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab	on Insurer's	Name:		er: at Redwood Glen			
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab	on Insurer's ove named you permission fo	Name: outh to part or the admi	Policy Numb cicipate in the Church Retreat nistration of necessary first a	er: at Redwood Glen			
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and medical insurance:	on Insurer's ove named you permission for nedical proble	Name: outh to part or the admi m(s) of per	Policy Numb cicipate in the Church Retreat nistration of necessary first a son attending:	er: at Redwood Glen id.	, Loma Mai	r from	
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and medical insurance:	on Insurer's ove named yo permission for nedical proble	Name: outh to part or the admi m(s) of per	Policy Numb Policy	er: at Redwood Glen id.	, Loma Mai	r from	
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Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and moduling (1) In case of emergency, please	on Insurer's ove named you permission for nedical proble se contact: (m	Name: outh to part or the admi m(s) of per- ust be filled	Policy Numb Policy	er:at Redwood Glen	ı, Loma Maı	r from	
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and m (1) In case of emergency, please Name: (p)	on Insurer's ove named you permission for nedical proble se contact: (marent/guardian)	Name: outh to part or the admi m(s) of per- ust be filled	Policy Numb cicipate in the Church Retreat nistration of necessary first a son attending: (2)	er:at Redwood Glenid.	ı, Loma Maı	r from	
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and m (1) In case of emergency, please Name: (p) If I (parent/guardian) cannot be ab a control of the ab ab a control of	on Insurer's ove named you permission for nedical proble se contact: (marent/guardian) not be reached	Name:	Policy Numb cicipate in the Church Retreat nistration of necessary first account of account of the count of	er:at Redwood GlenidCell:	on: (blood	r from	
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and m (1) In case of emergency, please Name: (p) If I (parent/guardian) cannot Name:	on Insurer's ove named you permission for nedical proble se contact: (marent/guardian) not be reached	Name: outh to part or the admi m(s) of per	Policy Numb cicipate in the Church Retreat nistration of necessary first a son attending: (2) d out) Home: ove numbers, please contact telelationship:	er:at Redwood Glenid. Cell:che following perso_Phone:	on: (blood	r from	
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and m (1) In case of emergency, please Name: (p) If I (parent/guardian) cannot Name: Part C: For 14 or under whom	on Insurer's ove named you permission for nedical proble se contact: (marent/guardian) not be reached nose parents not second to the nedical proble second to the reached nose parents not second to the nedical proble sec	Name: outh to part or the admi m(s) of per ust be filled d at the aboR	Policy Numb cicipate in the Church Retreat nistration of necessary first and son attending: (2) dout) Home: eve numbers, please contact to delationship: ag the retreat, please fill out a	er:at Redwood Glenid. Cell:che following perso_Phone:a separate Release	on: (blood	r from relative)	
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and m (1) In case of emergency, please Name: (p) If I (parent/guardian) cannot Name: Part C: For 14 or under whole III. DECLARATION: I fully under whole III. III. III. III. III. III. III. II	on Insurer's ove named you permission for nedical proble se contact: (marent/guardian) not be reached nose parents in derstand that	outh to part or the admi m(s) of per ust be filled d at the abo ot attendin	Policy Numb cicipate in the Church Retreat nistration of necessary first a son attending: (2) dout) Home: eve numbers, please contact to celationship: ig the retreat, please fill out a nt of illness, unexpected incic	er:at Redwood Glenid. Cell:che following personal perso	on: (blood e Form. e church w	r from relative)	
Part A: Medical Information Medical Insurance: Part B: Youth Name: I give permission for the ab 6/6/19 to 6/9/19. I give my Please state allergies and m (1) In case of emergency, please Name: (p) If I (parent/guardian) cannot Name: Part C: For 14 or under whole III. DECLARATION: I fully unheld responsible, and I release	on Insurer's ove named you permission for nedical proble se contact: (marent/guardian) not be reached nose parents in derstand that ase the church	outh to part or the admi m(s) of per ust be filled d at the abo ot attendin t in the eve	Policy Numb cicipate in the Church Retreat nistration of necessary first and son attending: (2) dout) Home: eve numbers, please contact to delationship: ag the retreat, please fill out a	er:at Redwood Glendid. Cell:che following personal pers	on: (blood e Form. e church w	r from relative) ill NOT be	

二零一九年教會退修會報名表

每位參加者請填寫一份

姓名:													
姓 Last	姓 Last 上:			名 First				中文名 Chinese Name					
地址:													
門牌 Numbe	門牌 Number 手機:性			街名 Street				城市 City					
手機:				性別: 🗌 男 🔲 女 所			言: □ 勇	英文 🗌	粵語 🗌	雙語			
我將與以上的人同住一人	房:												
交通工具: □ 自備車輛	□可接載	:	人 🗌 需	要打	接載	學校	年級:		□托射	兒所(六歲	以下)		
I. 退修會費用: 請於通	用的格內加] "X"											
(a) 四至六人一房,共用		i		(b)) 二至	四人一月	旁,私 <i>人</i>	〉浴廁,	有被褥	5/5 或			
		之前	5/5後					丁擁有一		之前	5/5後		
4 - 12 歲	+	106	\$ 136					计同住)		\$ 120	\$150		
13 – 17		159	\$ 189	Ļ			須與父·	<u> </u>		\$ 190	\$ 220		
		212	\$ 242	L	」成人				收費	\$ 284	\$ 314		
□ 四歲以下小童 全兒	Ė L P	需要教會	會額外澤則	力		截止日	期為王	五月十ヵ	七日				
II. 營友醫療資料及家可	長同意書:												
• 所有營友必須填寫													
◆ 十八歲以下又沒有	有家長或成	人部件	入營的營	友心	必須填	寫第一部	邓份和第	言二部份					
第一部份:醫療記錄	呆險咭上姓	名:											
保險公司:	司:												
第二部份: 營友姓名:	:												
我的子女或上述營友參加在上述營友有需要時可持											意及授權		
(1)													
請同時通知本人:(此項					\-/_								
					雪	迁 ・(仕場	₹\		(壬档	叁)			
姓名:	家長或監護				电	亩白,()土河	<u> </u>		(丁/)。	፳ノ			
若本人聯絡不上時,請認	通知下列(親人)											
姓名:				ļ	關係:			電話	:				
第三部份: 凡十四歲以													
							*		~ ^-/ . -/	→ +v: △ +v:	^ ^		
-	知教會不負 會友誼會友							4 人	I	ī教晉,教			
簽名:日期:													
支票抬頭寫"CUMC";請將報	名表和費用す	之回 Jenni	fer Lai 或 C	hrist	tie Ng				現金				