

Church Retreat 2018 Registration Form (One Application Per Person)

Alliance Redwoods Conference Grounds

| Name: | | | Medical Release Form / Field Trip Permission Slip All participants must fill out Part A & C. Please fill out Part A, B, and C if your daughter/son is under age of 18 (to be completed by parent / guardian) | | |
|--|----------------------|------------------------|--|-----------------------------------|---|
| Last First | | | | | |
| Address: | | | | | |
| Phone: Home Work | | | Part A: MEDICAL INFORMATION Medical insurance: | | |
| | | | | | |
| | | | Insurer's name: | | |
| Sex: [] Male [] Female | | | | | |
| | | Part B: Name of Youth: | | | |
| Roommate Request : | | | Church Retre give my perm | at at Alliance nission for the | bove named youth to participate in the Redwoods, from 3/23/18 to 3/25/18. It administration of necessary first aid. |
| Γransportation: [] can drive [] can | drivo no | ccangarc | | _ | medical problem(s) of person attending(2) |
| [] need ride | штус ра | sscrigers | (1) | | (2) |
| [] Nursery (under a | ge of 6) School | Grade: | | | |
| [] Ivalsely (under a | ge of o) School | Grade. | Part C: In case | e of emergen | cy, please contact: (must be filled in) |
| Retreat Cost: Please check the box to | hat annly: | | | _ | , , , |
| 4 persons per cabin, shared bathroom; linen not provided; connecting | | | Name: | | |
| rooms | inicii not provided, | connecting | Dhono: Homo | | Work |
| 1001115 | before 2/14 | after 2/14 | r none. Home | | Work |
| (A) [] 5-12 years old | \$ 30 | \$ 50 | Name: | | |
| (B) [] 13-18 years old | \$ 60 | \$ 80 | D1 11 | | *** 1 |
| (C) [] Adult | \$ 140 | \$ 160 | Phone: Home | | Work |
| (C)[] Addit | ψ 1 4 0 | \$ 100 | | | |
| [] need scholarship | | | | Ţ | Declaration |
| [] (Children under 5) Free | | | I fully understand that in the event of illness, unexpected incidents/ | | |
| [] (Ciliaren under 5)11ec | , | | 2 | | Γ be held responsible, and I release the |
| Final Registration Deadline is March | 11 2018 | | | | tes and/or their heirs from any and all |
| Check Payable To: "Chinese United Methodist Church" | | | liabilities. | | and the second second way with the |
| Check rayable 10. Chinese Officer | Wichiodist Charen | | naomico. | | |
| Please turn in your form to Joshua Wo | _ | Signature: | | Date: | |
| <i>j</i> | | | | | |