

Confirmation Retreat September 2016

Name _____

Parents Name _____

Address _____

Phone _____ Cell _____ Cell _____

Emergency phone # _____

Email address _____

Birthdate _____ Grade _____ Age _____

Personal and Health Info

Do you have any health issues? ie: allergies, medications, medical conditions

Do you have any personal issues that I should know about? ie: sleep walking, fear of heights, never been away from home.

Permission

I give permission for my child to go on this trip and to be photographed for publication on the church's website and facebook page _____

Yes / No to publication _____

Fees

The fee for this trip is \$275 _____ Camperships are available

Dr.'s name/phone _____

Dentist's name/phone _____

Insurance info _____

Deposit pd _____

Final Payment paid _____