



Retreat Registration

Please return this form ASAP to register for a retreat weekend. For youth/adult retreats, the entire fee is required for registration and is non-refundable. For family retreats, a \$100 deposit is required for registration and is non-refundable.

Mail to: Crossways Camping Ministries, 16 Tri-Park Way, Appleton, WI 54914 Fax to: 920-882-9474

Name _____ Male Female

Address _____

City/State/Zip _____ Phone _____

Email _____ Church/City _____

Check here if you do not want your registration receipt via email.

Special needs or dietary restrictions _____

Youth Registrations: Grade (current) _____ Birthdate: _____

Parent(s) names: _____

Parent Signature: _____ Date: _____

Parent Release: I consent to allow the above person's participation in the listed program, consent to medical treatment in the case of emergency, and in the event of disruptive behavior, agree to pick this person up upon notice.

Family Registrations: Please list name, gender, birthdate and grade if applicable for all attending.

Camp Attending: <input type="checkbox"/> Imago Dei Village <input type="checkbox"/> Pine Lake Camp <input type="checkbox"/> Waypost Camp	Program Name: _____
Program Date: _____	Program Fee: _____ Your Payment: _____
Payment By: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Credit Card No: _____
Name on Card: _____	Exp Date: _____ Sec Code: _____
Signature: _____	
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