

REGISTRATION FORM - WOMEN'S RETREAT - October 14-16, 2011

Registration Fee - \$75 if postmarked by October 5th; \$95 after the 5th
\$25 nonrefundable deposit is due with registration. Balance payable at retreat.
Mail to: Heavenly Hills Christian Camp * P.O. Box 1628 * Twain Harte, CA 95383-1628

Please Print

Name: _____

Mailing Address:

(Street or PO Box) (City) (Zip)

Contact Phone: _____ Home Cell E-mail: _____

Church _____ Church City _____

Please provide a name of someone whom you would prefer to share a room with. _____

I'll be arriving in time for dinner on Friday: Yes No

Special dietary needs: _____

Please list any allergies of which we should be aware (food, medical):

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation: _____

Phone Number: _____ Home Cell Work

Alternate Phone: _____ Home Cell Work

I give my permission to Heavenly Hills Christian Camp for medical treatment to be administered in such case as deemed necessary by a trained medical professional. I accept and assume all risks associated with recreation activities, and I hereby release Heavenly Hills Christian Camp of all liability from injuries that might occur. I understand that I am responsible for providing my own insurance for any injuries that occur during camp activities. I understand that this retreat is for Spiritual enrichment and that attendance at sessions and activities is expected. I release all photos, videos and audio recordings of myself to Heavenly Hills Christian Camp for promotional purposes.

Signed

Date