

Retreat Registration 2009-2010



Please Print Clearly

Send this form along with a \$25 deposit

Information

Name _____ Home Phone _____ Cell _____
Address _____ E-mail Address _____
City _____ State _____ Zip _____ Communication Preference (Circle One)
Congregation & City _____ Phone _____ E-mail _____ Postal Mail _____
Dietary or Other Concerns _____ Roommate Request _____

Retreats (please select one)

Fall Women's Retreat Father and Child Pheasant Weekend
A Threefold Cord Artistic Creation
Saddle Saturday Quilting Away
Ambassadors Day The Bash
Fall Work Weekend Grade 4-6 or 7-9
Spring Work Weekend Scout Weekend
Hostfest Guesthouse Ageless Iron
Dickens Festival Guesthouse
RETREAT DATE _____

Housing

Artistic Creation, Quilting Away, and Fall Women's Retreat only:
Please circle appropriate accommodations:
Bunk Room Semi-private Room
Do you plan to arrive Thursday? ____Yes ____No

Photo Release Policy

I grant my permission for any picture or video taken of me during this retreat to be used for the promotional interests of Camp of the Cross Ministries.

Signature _____


Payment Method

Check payable to CCM
 VISA MasterCard
Name on Card _____
Card # _____ Exp ___/___
Billing Address _____
Amount _____ (Note: total registration amount is charged to your card)
Signature _____

Injury Release Policy

I have permission to take part in all retreat activities, I agree that the camp and its personnel will not be responsible for accidents arising thereof. I am responsible for any medical obligations incurred during the camping period and give the camp staff permission to see medical treatment for myself in case of injury or illness.

Signature _____

 Camp of the Cross Ministries
1228A 47th Ave NW
Garrison ND 58540