

PLEASE FILL OUT FORM AND RETURN WITH A \$20.00 NON-REFUNDABLE DEPOSIT,  
OR FULL AMOUNT, BY AUGUST 26, 2017

**PLEASE NOTE: THERE WILL BE A \$10 LATE FEE FOR REGISTRATIONS RECEIVED AFTER AUGUST 26<sup>TH</sup>!!!**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CHURCH: \_\_\_\_\_

**CONTACT EMERGENCY PERSON NAME & PHONE NUMBER:** \_\_\_\_\_

NAMES OF PEOPLE ATTENDING	YOUTH(S) AGES:
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____

I (WE) WOULD LIKE TO SHARE A CABIN/LODGE RM WITH \_\_\_\_\_

**\*\*\*\*IF NEEDED, YOU MAY BE ASKED TO SHARE A CABIN WITH ANOTHER FAMILY\*\*\*\***

\_\_\_\_\_ I (WE) WOULD LIKE A ROOM(S) IN THE MONROE LODGE FOR AN ADDITIONAL \$5.00  
**(IF NEEDED, LODGE ROOMS WILL BE GIVEN PRIORITY TO PERSONS WITH PHYSICAL NEEDS FIRST)**

\_\_\_\_\_ I (WE) WILL BE STAYING IN MY OWN CAMPER

\_\_\_\_\_ I (WE) WILL BE ATTENDING SATURDAY ONLY

\_\_\_\_\_ I AM REQUESTING A SCHOLARSHIP FROM THE DFR COMMITTEE  
(COMPLETE ATTACHED APPLICATION AND MUST BE RETURNED WITH THIS REGISTRATION FORM BY **AUG 26<sup>TH</sup>**)

ANY SPECIAL DIETARY NEEDS/KNOWN ALLERGIES? \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_ DEPOSIT: \_\_\_\_\_

**\*\*ANYONE UNDER THE AGE OF 19 WHO IS NOT ATTENDING WITH THEIR FAMILY MUST BE ACCOMPANIED BY A "RESPONSIBLE" ADULT AND MUST BRING A LETTER SIGNED BY THEIR PARENT STATING WHO IS RESPONSIBLE FOR THEM IN CASE OF AN EMERGENCY. IF A LETTER IS NOT PRESENTED AT TIME OF REGISTRATION THE YOUTH WILL BE SENT HOME\*\***

CHECKS MADE PAYABLE TO: "DISCIPLES FELLOWSHIP RETREAT"  
AND RETURNED TO:  
DISCIPLES FELLOWSHIP RETREAT  
%BEV SAJNA  
2322 NORTHVIEW RD.  
ROCKY RIVER, OHIO 44116

I AGREE THAT THE DISCIPLES FELLOWSHIP RETREAT STEERING COMMITTEE MEMBERS WILL NOT BE HELD LIABLE FOR ANY INJURIES THAT MAY OCCUR TO MYSELF OR MY FAMILY DURING THE RETREAT, OR COMING TO AND FROM THE RETREAT. I ALSO AGREE THAT IF I DO NOT COMPLY TO THE CAMP RULES I MAY BE ASKED TO LEAVE AT ANY TIME DURING THE RETREAT, AND MAY NOT BE INVITED BACK.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

QUESTIONS?  
CONTACT HOLLY SAJNA 440-391-8147/holly.sajna@yahoo.com

# DISCIPLES FELLOWSHIP RETREAT SCHOLARSHIP APPLICATION

Name(s) of recipient(s) \_\_\_\_\_

\_\_\_\_\_

Church/group attending with \_\_\_\_\_

Registration fee \_\_\_\_\_

Amount of self/family contribution \_\_\_\_\_

Amount of church scholarship \_\_\_\_\_

Amount of scholarship requested \_\_\_\_\_

Please provide additional comments that support this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If scholarship application is approved, I/we agree that I/we will be willing to participate in any and all activities throughout the weekend and obey the rules.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IF APPLYING FOR A SCHOLARSHIP THIS FORM MUST BE RETURNED WITH REGISTRATION FORM BY AUGUST 26<sup>TH</sup>. NO SCHOLARSHIPS WILL BE APPROVED AFTER THAT.**