

PLEASE FILL OUT FORM AND RETURN WITH A \$20.00 NON-REFUNDABLE DEPOSIT,
OR FULL AMOUNT, BY AUGUST 27, 2016

PLEASE NOTE: THERE WILL BE A \$10 LATE FEE FOR REGISTRATIONS RECEIVED AFTER AUGUST 27TH!!!

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 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

_____ REQUESTING A SCHOLARSHIP FROM THE DFR COMMITTEE (COMPLETE ATTACHED APPLICATION)

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"

RETURN 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: _____

ANY QUESTIONS?

CONTACT BEV SAJNA 440-590-2488/sajhome81@yahoo.com

REGISTRATION DEADLINE: AUGUST 27!!! (\$10 LATE FEE IF RECEIVED AFTER 8/27!!)

**DISCIPLES FELLOWSHIP RETREAT
SCHOLARSHIP APPLICATION
DUE WITH COMPLETED REGISTRATION FORM
BY AUGUST 27, 2016**

Name(s) of recipient(s) _____

Church/group attending with _____

Registration fee	_____
Amount of self/family contribution (any amount is appreciated)	_____
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.

Signature: _____

Date: _____