

*******THERE IS NO REGISTRATION THROUGH THE CCIO WEBSITE*******

PLEASE FILL OUT FORM AND RETURN WITH A \$20.00 NON-REFUNDABLE DEPOSIT,
OR FULL AMOUNT, BY MAY 19, 2023 INFORMATION BELOW.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

E-MAIL: _____

CHURCH: _____

DO YOU HAVE ANY MEDICAL CONCERNS? _____

CONTACT EMERGENCY PERSON NAME & PHONE NUMBER: _____

NAMES OF PEOPLE ATTENDING	<u>YOUTH(S) AGES:</u>
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____

_____ I (WE) WOULD LIKE A ROOM(S) IN THE MONROE LODGE FOR AN **ADDITIONAL \$10.00 EACH**
(IF NEEDED, LODGE ROOMS WILL BE GIVEN PRIORITY TO PERSONS WITH PHYSICAL/SPECIAL CONCERNS 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 AND MUST BE RETURNED WITH THIS REGISTRATION FORM BY MAY 19TH)

ANY SPECIAL DIETARY NEEDS/KNOWN ALLERGIES? _____

DO YOU HAVE ANY USEFULL SKILLS (NURSE, CPR CERTIFIED, PLUMBER, ELECTRICIAN, LIFEGUARD, ETC) _____

TOTAL AMOUNT DUE: _____ DEPOSIT: _____

****ANYONE UNDER THE AGE OF 19 WHO IS NOT ATTENDING WITH THEIR FAMILY MUST BE ACCOMPANIED BY A "RESPONSIBLE" ADULT OVER THE AGE OF 21 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 CAMPER WILL BE SENT HOME****

CHECKS/MONEY ORDERS MADE PAYABLE TO: **"MARY ARNOLD"** AND RETURNED TO:
DISCIPLES FELLOWSHIP RETREAT
%MARY ARNOLD
1119 MAYSVILLE AVE
ZANESVILLE, OHIO 44701

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: _____

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 be of help to the retreat as asked..

Signature: _____

Date: _____

**IF APPLYING FOR A SCHOLARSHIP THIS FORM MUST BE RETURNED
WITH THE REGISTRATION FORM TO MARY ARNOLD
BY MAY 19TH .
NO SCHOLARSHIPS WILL BE APPROVED AFTER THAT.**