2018 WINTER WEEKEND RETREATS REGISTRATION FORM

If you've reserved spots for your group via phone or online, please let us know individual camper names and information within 2 weeks to hold your spots. You can use this form, or email the information to kyle@somersetbeach.org. Contact Kyle at 517-688-3783 for more information on this. Balances are due no later than 2 weeks prior to the camp start date.

Which camp will these campers be attending?

☐ Winter Teen Retreat (Grades 6 - 12, January 20 - 22) OR ☐ Winter Explorer Retreat (Grades 3 - 6, January 27 - 39)

Name ______________________ Birthdate ____/____/____ ☐ Male ☐ Female

Address ______________________ Current Grade __________

City ______________________ State ________ Zip Code __________

Home Phone # (_____)_____-__________ Home Church ______________________

Parent's E-mail ______________________

Name ______________________ Birthdate ____/____/____ ☐ Male ☐ Female

Address ______________________ Current Grade __________

City ______________________ State ________ Zip Code __________

Home Phone # (_____)_____-__________ Home Church ______________________

Parent's E-mail ______________________

Name ______________________ Birthdate ____/____/____ ☐ Male ☐ Female

Address ______________________ Current Grade __________

City ______________________ State ________ Zip Code __________

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