

TEEN RETREATS

Camper Name: _____

Birth Date [MM/DD/YYYY] _____

Gender: _____ Grade (next year): _____

Address _____

Home Church // City _____

Alpha Retreat Omega Retreat

Roommate Choice: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____

Phone Numbers: _____

Email: _____

Adult T-Shirt Size (circle) S M L XL XXL XXXL

Does your teen have dietary restrictions/food allergies? YES NO

Gluten Free Vegetarian Nut Allergy Dairy Free Other

(Please send me a menu prior to my stay at Camp so I can plan to supplement some meals accordingly.)

Photo/Media Release: By registering, I grant Camp Arcadia and its agents the right to use, reproduce, assign and/or distribute photographs, films, video tapes and sound recordings of me, for use in materials they may create for the sole purpose of promoting Camp Arcadia

DEPOSIT

A. Total number of paying guests _____ B. Minimum deposit per person \$ _____

C. Total deposit enclosed \$ _____ [A x B]

PAYMENT METHOD: Check [payable to Camp Arcadia] Discover, VISA or MasterCard CVV _____

Card number: _____ Exp. [mm/dd] _____

Signature _____

FOR YOUR SECURITY PLEASE DO NOT FAX OR EMAIL THIS FORM.