

The Church of God: *Youth Retreat Application*

October 23-25

Ages 12 and up

A Vessel of Honor

Name _____ Male _____ Female _____

Mailing Address: _____

Phone (____) _____

Local Church Location _____

Pastor's Name _____

If under 18, please have parent/guardian's sign below emergency form:

In case of medical emergency, I understand an effort will be made to contact the parent or guardian of the camper. In the event I can't be reached, I give permission for my child to be treated and transported to the hospital and any necessary medical procedures to be secured.

Signature _____ Date _____

I understand in the event of an emergency (accident or sickness) for which the camp insurance does not provide, the expense is my own responsibility and the camp will not be held liable for any expense in such case.

Signature _____ Date _____

Retreat Tuition: \$65.00

Ages 12 & up

Please send a nonrefundable deposit of \$15.00 with each application by October 10, 2009. The remaining tuition will be due at check in. Space is limited to the first 50 applicants.

Mail applications to:

Tonya Anders
160 Royce Rd.
Troutville, VA 24175

Questions? Call:

Tim Cox: 540-330-8614

Or Tonya Anders: 540-309-9658