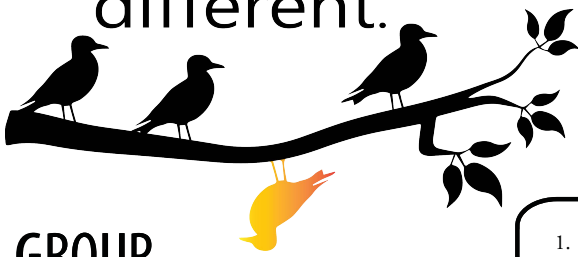


different.



# GROUP

# REGISTRATION FORM

1. Please write legibly and in ink.
2. **Send only one completed group form per group; use additional sheets as necessary.**  
Keep a photocopy for your records!
3. All youth and adults attending the retreat from your church must be listed on this form.
4. **Please room an adult leader with same gendered youth.**
3. You must have adult chaperones of the same gender as youth attending. Please respect the 1-8 ratio.
4. You must submit this form by October 9th and bring all youth registration forms and full payment with your group on October 20th.

### Different Event Fee: \$75 per person (both youth and adults)

Local Church Name: Please, no initials. \_\_\_\_\_

Name of Adult with Group Responsibility: \_\_\_\_\_

Responsible Adult's Email Address: \_\_\_\_\_ Contact Phone # (    ) \_\_\_\_\_

A GROUP REGISTRATION CONFIRMATION WILL BE SENT TO THIS EMAIL ADDRESS.

#### Female youth from church:

1. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

2. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

3. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

4. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

5. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

6. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

7. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

8. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

Female Adult Chaperone: \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

#### Male youth from church:

1. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

2. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

3. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

4. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

5. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

6. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

7. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

8. Name \_\_\_\_\_ Grade \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

Male Adult Chaperone: \_\_\_\_\_ Paid \$ \_\_\_\_\_ Dietary needs: \_\_\_\_\_

TOTAL AMOUNT DUE (Enclose check )

\$ \_\_\_\_\_

Return this form along with full payment to: Camp Indianola, P.O. Box 1150, Indianola, WA 98342  
Make checks payable to: Camp Indianola