

REGISTRATION FORM
DISTRICT JUNIOR HIGH FALL RETREAT
October 27-29 2017

Congregation _____

Names of youth registering:

Male

Female

Please indicate any food allergies: _____

Name(s) and contact information for Adult Advisors

Male

Phone

Email

Female

Phone

Email

Total Number of Males ____ **Total Number of Females** ____ **Total Number Registering** ____

____ X \$90 per youth ____ X \$50 per advisor **UNTIL 10/2** Total amount enclosed \$ _____
____ X \$100 per youth ____ X \$100 per advisor **AFTER 10/2**

Your registration is your commitment to abide by group and camp rules throughout the weekend. Failure to do so will result in early dismissal from the retreat. Every group should have one adult advisor per gender. If this is not possible, please contact another group near you or Jess Ross to make alternate arrangements. Thanks!
Questions? Contact Jess (717) 367-4730, or jross@ane-cob.org

Complete registration form & return it with check (one check per congregation, please) payable to:

Atlantic Northeast District Church of the Brethren
500 E. Cedar Street, Elizabethtown, PA 17022

Or register online: www.ane-cob.org

A medical release form is required for all attending. **BRING THESE FORMS TO THE EVENT**

FINAL REGISTRATION DEADLINE: 10/16
LATE FEE APPLIES AFTER 10/2