

GROUP REGISTRATION

Church Name _____ Address _____

Pastor/ Advisor _____ Email _____ Phone _____

YOUTH NAME	AGE	M/F	SPECIAL NEEDS	DIETARY NEEDS

ADULT CHAPERONES

NAME	M/F	E MAIL	SPECIAL NEEDS	DIETARY NEEDS

Please complete this form and mail with your check to:
Penn Central Conference 900 South Arlington Rd. Room 227A Harrisburg, PA 17109

Make checks payable to "Penn Central Conference"

PLEASE REGISTER BY MONDAY NOVEMBER 5

INDIVIDUAL REGISTRATION

Please note individual youth will be assigned to an advisor and will be expected to follow that person's guidance throughout the weekend.

NAME _____

ADDRESS _____

PHONE _____

PARENT/GUARDIAN _____

PARENT/GUARDIAN EMAIL _____

HOME CHURCH _____

SPECIAL NEEDS OR DIETARY REQUIREMENTS _____

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PLEASE REGISTER BY MONDAY November 5

Once your registration is received additional information, permission and medical forms will be emailed, please bring these along to the retreat.