

**GROUP REGISTRATION**

Church Name \_\_\_\_\_ Address \_\_\_\_\_

Pastor/ Advisor \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

<b>YOUTH NAME</b>	<b>AGE</b>	<b>M/F</b>	<b>SPECIAL NEEDS</b>	<b>DIETARY NEEDS</b>

**ADULT CHAPERONES**

<b>NAME</b>	<b>M/F</b>	<b>E MAIL</b>	<b>SPECIAL NEEDS</b>	<b>DIETARY NEEDS</b>

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"**

## **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 September 17**

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