

**Registration**  
**Boyertown District Youth Retreat**  
**April 30<sup>th</sup>-May 2<sup>nd</sup>**  
**Grades 7-12**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F  
Home Church \_\_\_\_\_

In case of an emergency, I give permission for the above child to be treated by a local doctor or hospital. Please contact me at (\_\_\_\_)\_\_\_\_\_. If I am unavailable please contact \_\_\_\_\_ at (\_\_\_\_)\_\_\_\_\_.

Parent signature \_\_\_\_\_

The following will be used to coordinate insurance and is needed by the hospital in the event of an emergency. Policy Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Please list any allergies, medication or special medical instructions.

\_\_\_\_\_  
\_\_\_\_\_

**Remember:** You must send an adult counselor, at least 25 years old, to work with your youth. This person must be a Christian in good standing with your church and have proof of a criminal background check. If you send 10-15 you will need 2 adults, 16-20 you will need 3 adults and so on.

Your youth will need a BIBLE, sleeping bag or sheets and blankets, towels, personal hygiene items, and sneakers. They may want to bring a flashlight and bug spray. We ask that youth **do not** bring electronic devices or valuables. The camp will not be responsible for lost or damaged items.

The cost of the weekend is **\$50.00** if the registration is called in by the **15th**. Any late registrations will pay a \$5.00 late fee. Please call in your registrations by the due date to avoid the late charge and to be considerate to our planning. When you arrive at the retreat you will need to have the registration payment and this filled out permission slip.

Make checks payable to: **District Youth Church of God.**

**BRING A FRIEND, WIN A PRIZE!**

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**Would you like to receive your registration and updates by e-mail?**

Parent e-mail \_\_\_\_\_

Youth e-mail \_\_\_\_\_