

**2010 SpringTeen Retreat Registration Form**

Please fill out the form below, enclose the \$20 reservation fee and mail to:

**Tepee Bible Camp  
Teen Retreat Registration  
7802 County Road 319  
Rifle, CO 81650**

Name: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

I will be attending: ( Check one)

\_\_\_\_\_ 7-10<sup>th</sup> Grade Guy's Retreat April 23-25

\_\_\_\_\_ 6-8<sup>th</sup> Grade Girl's Retreat April 30-May 2

I would like to room with: (Name of 1 friend or relative) \_\_\_\_\_

Parent or Guardian's Names: \_\_\_\_\_

Notes to the camp regarding any special diets, medical issues/restrictions:

\_\_\_\_\_

\_\_\_\_\_

**For the parent:**

I give my child \_\_\_\_\_ permission to attend the Teen Retreat checked above. I, the undersigned, in consideration for the participation of my child in this event, do hereby waive, release and forever discharge Tepee Bible Camp and anyone else connected with this activity from any & all harm resulting from injuries sustained as a result of my child's participation in this event. I also grant Grand River Hospital District the right to administer all medical services that may be required as a result of injuries during participation including emergency treatment and referral if necessary.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE