

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)

_____ 7-10th Grade Guy's Retreat April 23-25 Fee: \$40

_____ 6-8th Grade Girl's Retreat April 30-May 2 Fee: \$45

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