

2018 COLLIDE RETREAT

WHERE FAITH AND CULTURE MEET.

WHEN: March 9-10, 2018 WHERE: Branson Stone Castle Hotel COST: \$50 per student

Registration is due to your youth leader by February 4, 2018
(Detach and submit bottom portion. Top portion is for your information.)

COLLIDE RETREAT 2018 REGISTRATION

Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ Church: _____

I am: Male Female Sponsor (18+) Shirt Size (please include an additional \$10 in your check):
S M L XL XXL (\$11) XXL (\$12)

Parent/Guardian Permission (This section MUST be filled out for all students.)

I hereby give permission for my son/daughter, whose name is shown on this form, to attend the Collide Youth Retreat, March 9-10, 2018. In case of medical emergency, I hereby give permission to the youth leaders from my church, _____, to secure proper treatment for my son/daughter, including, but not limited to hospitalization, injection, surgery, and anesthesia.

Parent/Guardian's Name: _____ Relationship to Youth _____

Parent/Guardian's Signature: _____ Date: _____

Emergency Contact(s): _____ Phone #: _____

Please list all Allergies, Medications & Special Needs or Restrictions:

****Return the bottom portion of this page to your youth leader by February 4, 2018. There will be no registrations or refunds after this point. Please make checks to your church.****