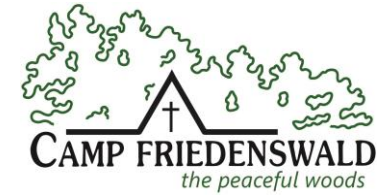


Winter Retreat Youth Group Registration Form



15406 Watercress Way
 Cassopolis MI, 49031
 Fax: (269) 476-9745
 Email: program@friedenswald.org

Youth Group: _____

City / State: _____

Contact Person Name: _____

Contact Person Email/Phone: _____

RETREAT: **High School** (Jan 5-7) **Junior High** (Jan 12-14)

- **Please return this Registration form by mail, email, or fax at least two weeks prior to retreat.**
- A completed **Health Form & Release Form** is required for each youth participant
- **SPECIAL DIETARY CONSIDERATIONS** information needs to be sent to us (program@friedenswald.org) two weeks in advance.

Sponsor Name	Email Address	Phone #	Mailing Address	M/F		
Youth Name	Parent Name(s)	Phone #	Mailing Address	M/F	Grade	DOB

continued on back

