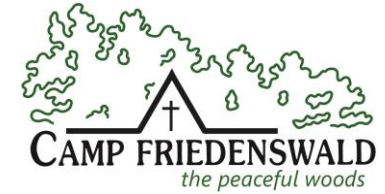


# Winter Retreat Youth Group Registration Form



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

Church Group: \_\_\_\_\_  
 City / State: \_\_\_\_\_  
 Contact Person Name: \_\_\_\_\_  
 Contact Person Email/Phone: \_\_\_\_\_

RETREAT:  **High School** (Jan 4-6)       **Junior High** (Jan 11-13)

- **Please return this Registration form by mail, email, or fax at least two weeks prior to retreat.**
- **SPECIAL DIETARY CONSIDERATIONS** information needs to be sent to us ([program@friedenswald.org](mailto:program@friedenswald.org)) two weeks in advance.
- A completed **Health Form & Release Form** is required for each youth participant upon arrival.
- **Billing Note:** We will send a group invoice to the Church. If your group would like individual invoices sent by email or mail, please let us know.

Sponsor Name	Email Address	Phone #	Mailing Address	M/F		
Youth Name	Parent Name(s)	Parent Email	Mailing Address	M/F	Grade	
						1
						2
						3

*continued on back*

Youth Name	Parent Name(s)	Parent Email	Mailing Address	M/F	Grade
					4
					5
					6
					7
					8
					9
					10
					11
					12
					13

Yes     No    *If space is limited, my group would be willing to share lodging with another group.*

*NOTE: In order to house everyone fairly, if you have less than 5 people of either gender, that portion of your group isn't guaranteed separate quarters.*

**SPECIAL DIETARY REQUESTS (include camper name & allergy/sensitivity):**
