

# Adult Program Group Registration For Retreat Season (Fall, Winter, Spring)

<b>Group Leader:</b>	Name:		Email:	
	Phone:		Church Name:	
<b>Week and Housing Selection:</b>	Dates: 1st Choice		Dates: 2nd Choice	
	Housing: 1st Choice		Housing: 2nd Choice	
	Housing: 3rd Choice		Is Church Paying?	Yes/No: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Registration Information- Please complete all fields.**

<b>Group Leader Registration Information:</b>									
Last Name:		First Name:		Date of Birth:					
Home Phone:		Cell Phone:		Email:					
Street Address:				City:	State/Zip:				
Roommate Request:			Allergy/Dietary Restrictions:						
Willing to sleep on top bunk:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Willing to share double bed:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>				
Do you Have mobility issues:									
Emergency Contact:			Relation:	Phone:					
Credit Card information:			Expiration Date:		CRV Code:				
Last Name:		First Name:		Date of Birth:					
Home Phone:		Cell Phone:		Email:					
Street Address:				City:	State/Zip:				
Willing to sleep on top bunk:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Willing to share double bed:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>				
Roommate Request:			Allergy/Dietary Restrictions:						
Do you have Mobility issues:									
Emergency Contact:			Relation:	Phone:					
Credit Card information:			Expiration Date:		CRV Code:				
Last Name:		First Name:		Date of Birth:					
Home Phone:		Cell Phone:		Email:					
Street Address:				City:	State/Zip:				
Willing to sleep on top bunk:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Willing to share double bed:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>				
Roommate Request:			Allergy/Dietary Restrictions:						
Do you have Mobility issues:									
Emergency Contact:			Relation:	Phone:					
Credit Card information:			Expiration Date:		CRV Code:				

Last Name:		First Name:		Date of Birth:	
Home Phone:		Cell Phone:		Email:	
Street Address:			City:	State/Zip:	
Willing to sleep on top bunk:	Yes:	No:	Willing to share double bed:	Yes:	No:
Roommate Request:		Allergy/Dietary Restrictions:			
		Do you have Mobility issues:			
Emergency Contact:		Relation:		Phone:	
Credit Card information:		Expiration Date:		CRV Code:	
Last Name:		First Name:		Date of Birth:	
Home Phone:		Cell Phone:		Email:	
Street Address:			City:	State/Zip:	
Willing to sleep on top bunk:	Yes:	No:	Willing to share double bed:	Yes:	No:
Roommate Request:		Allergy/Dietary Restrictions:			
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Emergency Contact:		Relation:		Phone:	
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Street Address:			City:	State/Zip:	

Willing to sleep on top bunk:	Yes:		No:		Willing to share double bed:	Yes:		No:	
Roommate Request:			Allergy/Dietary Restrictions:						
			Do you have Mobility issues:						
Emergency Contact:			Relation:				Phone:		
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