

R  
E  
T  
R  
E  
A  
T  
  
R  
E  
G  
I  
S  
T  
R  
A  
T  
I  
O  
N  
  
F  
O  
R  
M



NAME: \_\_\_\_\_ Gender: M F

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

FATHER/GUARDIAN'S FULL NAME: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

MOTHER/GUARDIAN'S FULL NAME: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_

\*\*\*\*\*

RETREAT DATES: April 4-6<sup>th</sup>, 2008

COST PER STUDENT: \$35

LOCATION: Camp CUMCITO, near Warsaw, MO

QUESTIONS? Contact P-Ray at [pray@wburgnaz.com](mailto:pray@wburgnaz.com) or at the church 747-8949!

\*\*\*\*\*

\_\_\_\_\_ has my permission to attend the "Hot or Not" Retreat.

(STUDENT)

I understand that I must provide the necessary medical insurance for my child and that I will not hold the Church of the Nazarene, pastors, or youth sponsors liable for any injuries incurred while my child is participating in the "Hot or Not" Retreat.

This permission slip is granted for the time period covering April 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup>, 2008.

Signature of Parent/Guardian: \_\_\_\_\_