

Spring Youth Retreat — “Revolution”

April 16-18, 2010, Craig Springs Camp & Conference Ctr

REGISTRATION FORM —

Please print neatly, and fill out completely

I AM (CHECK ONE):

YOUTH

ADULT

1. Last Name		2. First/Middle Initial		3. Preferred Name	
4. Street Address		5. City		6. State	7. Zip Code
8. E-mail address		9. Phone: ()	10. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	11. Grade Fall, 2009:	12. Date of Birth ____/____/____ If under 18
13. Church/Congregation		14. Parent/Guardian SIGNATURE (for Youth only) SIGN _____ PRINT _____		15. Parent/Guardian Phone #(s): for Youth () ()	
16. In case of emergency, contact:		17. Relationship to participant:(Emergency Contact)		18. Phone Number: ()	
19. Your adult sponsor at this event:		20. I have read and understand the Community Covenant (Sign) _____			
Health Information: a. Insurance Carrier:		b. ID Number:		c. Physician's Name & Phone: ()	
d. Allergies: __ Hay fever __ Asthma __ Mildew __ Bee Sting __ Penicillin __ Other: _____		e. Immunizations: (List most recent date) _____ Tetanus Toxioid _____ Mumps _____ Measles _____ DPT _____ Reubella _____ Polio		f. Medical History: __ Strep throat __ diabetes __ Heart murmur __ kidney disease __ Mononucleosis __ Rheumatic fever __ Tonsilitus __ AIDS/HIV __ Ear infections __ Other _____	
g. Other Information: __ Bed wetting __ Sleep walking __ Hyperactivity __ Learning Disabled __ Particular Fears __ Physical Handicap		h. Please explain any marked items. Use additional paper if necessary: _____ _____		i. Medication during Youth Event: _____ Purpose: _____	
Fees: Enclosed is a check made out to Christian Church in Virginia for: __ Registration for Event: \$ 50.00 TOTAL ENCLOSED: \$ _____		Questions? (434) 846-3400 (Sue) ccinva_sg@hotmail.com Or joshbell1@comcast.net		MAIL CHECKS TO: CCINVA 1290 Enterprise Drive Lynchburg, VA 24502	

DEADLINE FOR REGISTRATION — Postmarked: April 2, 2010
****THERE WILL BE NO ONSITE REGISTRATION.****

Have you included the following?

_____ *Parent/Guardian Signature (#14)* _____ *Behavior Covenant Signature (#20)*

_____ **Completed Registration Form** _____ **Check for \$50.00 (Payable to Christian Church in Virginia or CCINVA)**