



GROUP

REGISTRATION FORM

1. Please write legibly and in ink.
2. **Send only one completed group form per group; use additional sheets as necessary.**
Keep a photocopy for your records!
3. All youth and adults attending the retreat from your church must be listed on this form.
4. **Please room an adult leader with same gendered youth.**
3. You must have adult chaperones of the same gender as youth attending. Please respect the 1-8 ratio.
4. You must submit this form by October 9th and bring all youth registration forms and full payment with your group on October 20th.

Different Event Fee: \$80 per person (both youth and adults)

Local Church Name: Please, no initials. _____

Name of Adult with Group Responsibility: _____

Responsible Adult's Email Address: _____ Contact Phone # () _____

A GROUP REGISTRATION CONFIRMATION WILL BE SENT TO THIS EMAIL ADDRESS.

Female youth from church:

1. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

2. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

3. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

4. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

5. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

6. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

7. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

8. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

Female Adult Chaperone: _____ Paid \$ _____ Dietary needs: _____

Male youth from church:

1. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

2. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

3. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

4. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

5. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

6. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

7. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

8. Name _____ Grade _____ Paid \$ _____ Dietary needs: _____

Male Adult Chaperone: _____ Paid \$ _____ Dietary needs: _____

TOTAL AMOUNT DUE (Enclose check) \$ _____

Return this form along with full payment to: Camp Indianola, P.O. Box 1150, Indianola, WA 98342
Make checks payable to: Camp Indianola