

Name: _____ Phone: (____) ____ - ____

Address: _____ City: _____

State: ____ Zip: _____ Male / Female (circle) Grade: _____

Birth date: _____ Email: _____

Cabin-mate Request: _____

Church: _____

Church Address: _____ City: _____ St. ____ Zip _____

Allergies: _____

Medications: _____

(please attach any other info that would be helpful including special dietary needs)

Mid-High Retreats

(grades 6-8)

Registration Deadline 1 week before

Cost \$75

Sr. High Retreats

(grades 9-12)

Registration Deadline 1 week before

Cost \$75

Please send completed form along with \$75 to Geneva Center, 5282 N. Old US 31, Rochester, IN 46975