## **EQUIP 2019 REGISTRATION FORM**

**EQUIP 2019 Retreat (June 16 - 21, 2019)** 

## This form must be completed by:

- All EQUIP attendees who will be staying on-site at Woodland Christian Camp, regardless of age.
- All EQUIP attendees who will participate in supervised and unsupervised recreation, regardless of age.
- All EQUIP attendees over 18 years of age and still on their parents' insurance a parent must sign this form.

Name:			Age:	Gender: M F	Birth Date:
	First	Last	-		
Addres	s:		City:	State:	Zip:
T-Shirt	Size: Small Medium	Large	X-Large 2	XX-Large	
Parenta	al Consent:				
	I give permission for my chi health insurance coverage,				y child is covered by
	Should the need arise; I giv and authorize the holder of			a doctor/hospital fo	or medical treatment
	I hereby release and agree affiliated church organization retreat.				
	I have read the above, unde	erstand it fully, and	d sign it voluntarily.		
Parent's Signature:			Date:		
Parent's	s Email:				
Please	list all phone numbers:				
Home:		Work:		Cell:	
Family	Physician:Office Phone:				
Church	Affiliation:				
Pastor's Name:		Church Phone:			
Church Address:		City, State,	City, State, Zip:		
List belo	ow any allergies to medication	n or other problem	ns of which the adults	in charge should be	e made aware:
List all n	medications currently being to	aken:			
HEALTI	H INSURANCE: Company N	ame:		Policy	/ #:
Dro Cor	tification Dhone #:		Dhone # to	varify banafita:	

COST: \$260 (Includes all meals, lodging, teaching supplies, and souvenir T-shirt) Make checks payable to: EQUIP Retreat

A non-refundable \$25 deposit is required in order to reserve your spot. Space is limited. The remaining balance is due by no later than April 1, 2019. After April 1, 2019 full payment of \$260 is required.