



February 6-8, 2015

MCEC WINTER YOUTH RETREAT

Silver Lake Mennonite Camp
winteryouthretreat.blogspot.com
\$95 per person

Group Registration Form

Congregation: _____
 Date registered: _____
 Registered by: _____
 Group Contact: _____

Participant #1		PAYMENT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:		
Address: (Street, City, Postal Code)			
Email:	Health Card Number:		
Emergency Contact Name:	Emergency Contact Number:		
Comments and/or Special Needs:			

Participant #2		PAYMENT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:		
Address: (Street, City, Postal Code)			
Email:	Health Card Number:		
Emergency Contact Name:	Emergency Contact Number:		
Comments and/or Special Needs:			

Group Registration Form

Congregation: _____
 Date registered: _____
 Registered by: _____
 Group Contact: _____

Participant #5	PAYMENT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Address: (Street, City, Postal Code)	
Email:	Health Card Number:
Emergency Contact Name:	Emergency Contact Number:
Comments and/or Special Needs:	

Participant #6	PAYMENT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Address: (Street, City, Postal Code)	
Email:	Health Card Number:
Emergency Contact Name:	Emergency Contact Number:
Comments and/or Special Needs:	

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Participant #9	PAYMENT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Address: (Street, City, Postal Code)	
Email:	Health Card Number:
Emergency Contact Name:	Emergency Contact Number:
Comments and/or Special Needs:	

Participant #10	PAYMENT RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Address: (Street, City, Postal Code)	
Email:	Health Card Number:
Emergency Contact Name:	Emergency Contact Number:
Comments and/or Special Needs:	

Group Registration Form

Congregation: _____
 Date registered: _____
 Registered by: _____
 Group Contact: _____

Participant #13

PAYMENT RECEIVED? YES NO

Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Address: (Street, City, Postal Code)	
Email:	Health Card Number:
Emergency Contact Name:	Emergency Contact Number:
Comments and/or Special Needs:	

Participant #14

PAYMENT RECEIVED? YES NO

Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Address: (Street, City, Postal Code)	
Email:	Health Card Number:
Emergency Contact Name:	Emergency Contact Number:
Comments and/or Special Needs:	

Group Registration Form

Congregation: _____
 Date registered: _____
 Registered by: _____
 Group Contact: _____

Participant #17

PAYMENT RECEIVED? YES NO

Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Address: (Street, City, Postal Code)	
Email:	Health Card Number:
Emergency Contact Name:	Emergency Contact Number:
Comments and/or Special Needs:	

Participant #18

PAYMENT RECEIVED? YES NO

Name:	<input type="checkbox"/> Youth <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number:
Address: (Street, City, Postal Code)	
Email:	Health Card Number:
Emergency Contact Name:	Emergency Contact Number:
Comments and/or Special Needs:	