

2024 Confirmation Retreat Registration Form

Group Contact Person:				
Phone:	Em	ail:		
Church Name:				
Address:				
Phone:	Em	ail:		
Rate Worksheet:				
Youth (overnight) - \$65.00/p	person Male:	Female:	= \$	
Adults (overnight)- \$55.00/p	erson Male:	Female:	= \$	
		Total Cost:	= \$	
Please Circle Prefer	red Event Date: Ma	arch 1-2 MA	RCH 8-9	
Please Note: \$10 deposit/person		•	NON-REFUNDABLE	
	RANSFERABLE. Final Paymo		he second retreat	
	•	for the first retreat and February 16 for the second retreat. Date:		
	this form and agree to			
Mail or email forms to: Camp <u>Phone:</u> (402)-3	Luther of Nebraska, 10 52-5655 <u>Email:</u> <u>campl</u>	•	•	
For Office Use Only:				
Date Received:	F	Payment:		

Roster of Attendees

Please include names of ALL participants, and include adults.

A ratio of 1 adult for every 7 youth is required for the duration of the event.

You must have both male and female adult leaders present for the entirety of the event for male and female youth.

Be sure to have Waiver and Health History and Emergency Form for ALL participants (adults included).

NAME (First and Last)	Male/Female	Age (write "A" if adult)	
(•	
Please write any dietary restrictions (including the severity) or applicable allergies in this space along with the name of the affected participant:			
space along with the name of the affected participant.			