

Sr High Winter Retreat Registration Form

Full Name: _____ Gender: F M

Grade: 9 10 11 12 Date of Birth: _____

Shirt size: _____

Cabin Mate Preference: List 2

E-mail address: _____

I, give _____ permission to attend the CEFC
(Student's Name)

Senior High Winter Retreat. I have completed the 2009 medical and waver forms. I give the CEFC Staff permission to act on my behalf in the case of an emergency. I have read through them with my student and we agree to it's contents.

Parent Signature Parent Name Date

Best way to contact for last minute information: _____

Office Use:

Waver ___ Release ___ Deposit _____ Balance _____

Fundraiser 1 _____ Fundraiser 2 _____