

2010 WINTER RETREAT REGISTRATION FORM

Have you attended High Pont Camp before? Yes No

Name _____

Male Female

Birthdate _____ Age _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

E-mail Address _____

Church Name _____

Church Address _____

City _____ State _____ Zip _____

Church Phone _____

Pastor _____

Youth Pastor _____

MEDICAL INFORMATION

Emergency Phone # _____

Last Tetanus Booster _____

Allergies _____

Any Medical Problems _____

Parent Signature: _____

I give permission for my child to receive any emergency treatment needed by a licensed physician while at High Point Camp.

Mail registration form with **complete payment** to:

High Point Camp
P.O. Box 188
Geigertown, PA 19523

Please check the retreat you wish to attend:

Junior – Grades 3-6

January 15-16

Buddy Robinson

Cost: \$50.00

Teen 2 / Ski Weekend

January 29-30

Jim Pitts

Retreat Only: \$55.00

Lift Ticket Only: \$95.00

Ski or Snowboard Rental:
\$120.00 (includes lift ticket)

Teen 1– Grades 7-12

January 22-23

Steve Johns

Cost: \$55.00

Teen 3– Grades 7-12

February 19-20

Beau Eckert

Cost: \$55.00

Note: Please remember to add \$10 to the cost if postmarked within 10 days of the beginning of the camp.

OFFICE USE ONLY! Cash _____ Check _____

Amount \$ _____ Ck. Date: _____

Paid By: _____ Postmark: _____

Entered: _____ By: _____