

Confirmation Retreat 2011

Casowasco Camp & Retreat Center

May 6 – 7, 2011

Name _____ M/F _____ Birth Date _____

Street/City & State/Zip _____

Home Phone _____ Email Address _____

Parent/Guardian _____ Phone (H) _____ (C/W) _____

Emergency Contact _____ Phone (H) _____ (C/W) _____

Special Dietary Needs _____

Allergies _____

Bunkmate Request: _____

Medical Information/Medications being taken _____

Medical Insurance Carrier _____ Insured's name _____

Policy/Group Number _____

Payment Method:

Check Visa MasterCard
(Checks payable to: Upper New York Annual Conference)

Amount (\$60): _____

Card Number: _____ Exp. Date (XX/YY): _____

Cardholder's Name (please print) _____

Cardholder's Signature: _____

This section must be signed by a parent or guardian:

I hereby register my child for the Confirmation Retreat, and give him/her permission to participate in all related activities. I give permission to release my child's name, address, and email address to other people participating in the program. I give permission for still/video pictures of my child to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care for my child, as needed.

Signature _____ Date _____

Return Registration Form To:

Casowasco Camp & Retreat Center

158 Casowasco Dr. Moravia, NY 13118

E-mail: Registrar@casowasco.org/ Fax: 315-364-8756/ Phone: 315-364-8756