

"Know where you are headed, and you will stay on solid ground." Proverbs 4:26

# SOLID YOUTH RETREAT

February 25-27, 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)

\$30 Deposit/or Full Amount (\$96): \_\_\_\_\_  
(Full amount due 2 weeks prior to event)

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 SOLID Youth 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](mailto:Registrar@casowasco.org)/Fax: 315-364-8756/ Phone: 315-364-8756