

Spring Retreat Registration Form



Mail this form with payment to:
VICK AND PATHFINDER CAMP AND CONFERENCE MINISTRIES

PO Box 559 • Manlius, NY 13104

Phone: 315-692-4862

Email: vpccministries@gmail.com

REGISTRANT INFORMATION:

Name _____ (Check One) Youth Adult Advisor
Last Name First Name

Date of Birth _____ Grade _____ (Check One) Male Female
for youth attendee only for youth attendee only

Address _____
Street/PO Box, City, State, Zip

Email _____ Phone # (____) ____ - _____

CHURCH INFORMATION:

Church _____ Region/Association _____
Pastor's Name _____ Pastor's Email _____

PARENT/GUARDIAN INFORMATION:

Name _____ Email _____ Phone # (____) ____ - _____
Name _____ Email _____ Phone # (____) ____ - _____
Address _____
Street/PO Box, City, State, Zip

EMERGENCY CONTACT:

Emergency Contact Name _____ Relationship _____ Phone # (____) ____ - _____
Emergency Contact Name _____ Relationship _____ Phone # (____) ____ - _____

MEDICAL CONSIDERATIONS:

List Allergies _____
Other Medical Considerations _____

DIETARY CONSIDERATIONS:

List Dietary Needs _____

FEE:

Spring Retreat YOUTH \$100 ADULT ADVISOR \$75 ADULT ADVISOR \$0
when bringing 7 youth

PARENT/GUARDIAN PERMISSION:

I give my permission for photographs and/or videos to be taken during the camp experience to be used for promotional purposes. YES NO Please note: NO SIGNATURE INDICATES CONSENT

Print Name _____ Signature _____