

PLEASE FILL OUT FORM AND RETURN WITH A \$20.00 NON-REFUNDABLE DEPOSIT,
OR FULL AMOUNT, BY AUGUST 24, 2018

PLEASE NOTE: THERE WILL BE A \$10 LATE FEE FOR REGISTRATIONS RECEIVED AFTER AUGUST 24th!!!

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ E-MAIL: _____

CHURCH: _____

EMERGENCY CONTACT NAME & PHONE NUMBER: _____

NAMES OF PEOPLE ATTENDING	YOUTH(S) AGES:
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____
_____	AGE: _____

I (WE) WOULD LIKE TO SHARE A CABIN/LODGE RM WITH _____

*****IF NEEDED, YOU MAY BE ASKED TO SHARE A CABIN WITH ANOTHER FAMILY*****

_____ I (WE) WOULD LIKE A ROOM(S) IN THE MONROE LODGE FOR AN ADDITIONAL \$5.00

(IF NEEDED, LODGE ROOMS WILL BE GIVEN PRIORITY TO PERSONS WITH PHYSICAL NEEDS FIRST)

_____ I (WE) WILL BE STAYING IN MY OWN CAMPER

_____ I (WE) WILL BE ATTENDING SATURDAY ONLY

_____ I AM REQUESTING A SCHOLARSHIP FROM THE DFR COMMITTEE

(COMPLETE ATTACHED APPLICATION AND MUST BE RETURNED WITH THIS REGISTRATION FORM BY **AUGUST 24TH**)

ANY SPECIAL DIETARY NEEDS/KNOWN ALLERGIES? _____

TOTAL AMOUNT DUE: _____

DEPOSIT: _____

****ANYONE UNDER THE AGE OF 19 WHO IS NOT ATTENDING WITH THEIR FAMILY MUST BE ACCOMPANIED BY A "RESPONSIBLE" ADULT AND MUST BRING A LETTER SIGNED BY THEIR PARENT STATING WHO IS RESPONSIBLE FOR THEM IN CASE OF AN EMERGENCY. IF A LETTER IS NOT PRESENTED AT TIME OF REGISTRATION THE YOUTH WILL BE SENT HOME****

CHECKS MADE PAYABLE TO: "DISCIPLES FELLOWSHIP RETREAT" AND RETURNED TO:

DISCIPLES FELLOWSHIP RETREAT

%BEV SAJNA

2322 NORTHVIEW RD.

ROCKY RIVER, OHIO 44116

I AGREE THAT THE DISCIPLES FELLOWSHIP RETREAT STEERING COMMITTEE MEMBERS WILL NOT BE HELD LIABLE FOR ANY INJURIES THAT MAY OCCUR TO MYSELF OR MY FAMILY DURING THE RETREAT, OR COMING TO AND FROM THE RETREAT. I ALSO AGREE THAT IF I DO NOT COMPLY TO THE CAMP RULES I MAY BE ASKED TO LEAVE AT ANY TIME DURING THE RETREAT, AND MAY NOT BE INVITED BACK.

SIGNATURE: _____

DATE: _____

QUESTIONS?

CONTACT: HOLLY SAJNA 440-391-8147/holly.sajna@yahoo.com

DISCIPLES FELLOWSHIP RETREAT
SCHOLARSHIP APPLICATION

Name(s) of recipient(s): _____

Church/group attending with _____

Registration fee _____
Amount of self/family contribution _____
Amount of church scholarship _____
Amount of scholarship requested _____

Please provide additional comments that support this request:

If scholarship application is approved, I/we agree that I/we will be willing to participate in any and all activities throughout the weekend and obey the rules.

Signature: _____

Date: _____

**IF APPLYING FOR A SCHOLARSHIP THIS FORM MUST BE RETURNED WITH
REGISTRATION FORM BY AUGUST 24th. NO SCHOLARSHIPS WILL BE
APPROVED AFTER THIS TIME.**

**YOU MUST RECEIVE A CONFIRMATION IN ORDER FOR YOUR SCHOLARSHIP TO
BE APPROVED—WITHOUT A CONFIRMATION, YOUR SCHOLARSHIP MAY NOT
BE VALID.**