

*Great Lakes Conference Fall Women's Retreat
Camp Mission Meadows — September 16 -18, 2022*

REGISTRATION FORM

Complete this form, sign it and return it to Camp Mission Meadows. Minimum deposit of \$50 due at registration to hold your spot. Balance due upon arrival.

COST:

- *Non-refundable deposit of \$50*
- \$150 Postmarked before 8/20
- \$160 Postmarked after 8/20
- \$100 Saturday only

Please print legibly.

Send completed forms and fees to Camp Mission Meadows—Women's Retreat, 5201 East Lake Road, Dewittville, NY 14728. Make checks payable to **Camp Mission Meadows**. Any questions, contact Mission Meadows at 716-386-5932 or email camping@missionmeadows.org.

OR...Register ONLINE! Go to missionmeadows.org and click on Camps and Retreats, then click on Women's Retreat. Online registrations can be paid by credit card. You can choose to pay just the deposit (\$50) and bring the balance with you, or you can pay in full online.

No mailing necessary!

Name _____ Home Church (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Email Address _____

Will you be staying at camp? Y _____ N _____ Preferred Cabinmate(s) _____

_____ Weekend with lodging: \$160 (\$150 Early Bird— Registration form postmarked by 8/20)

_____ Saturday only \$100

OFFICE USE ONLY
Date Received _____
Amt Enclosed _____
Check Number _____

I acknowledge that I am a participant of the retreat at Mission Meadows and will participate in organized activities including the climbing wall and outdoor activities, and will not hold Mission Meadows responsible for any injuries I may incur. I hereby authorize the camp staff to obtain services of medical professionals and to provide necessary related transportation if I am unable to do so. I authorize any physician and any hospital, through its medical staff, to take appropriate measures. I understand that I am responsible to pay for my medical care, including any emergency care. The camp will take reasonable efforts to notify emergency contacts promptly if measures other than routine care are taken. I understand that I am expected to comply with camp rules and any rules posted at excursion destinations. I also understand that pictures and video of me may be used by Mission Meadows for promotional materials.

Participant Signature _____ Emergency Contact Name _____ Relationship and Contact # _____

Please list any allergies, dietary needs, medications, and/or physical limitations we should be aware of: _____