

YOUTH RETREAT REGISTRATION FORM

Name(s) _____

Parent or Guardian's Name _____

Grade _____

Phone Number(s) _____

Physical Address _____

e-mail address _____

Please return this form and the registration fee to the church office either by mail or by leaving it in the office mail slot. A check for \$35.00 should be drawn to St. Michael & All Angels Church. Put "Camp Collins Retreat" in the memo section of the check. If there is more than one young person attending from a household, put all names on one form. All participants will be required to fill out a medical release form prior to attending the retreat.