

Fri, June 10 meet at NC @ 4:30

Sun, June 12, arrive back at NC @ 12-12:15

Deposit of \$20 or more due by May 11;

plus t-shirt \$ if ordering. Bal due end of May

NO MO DISTRICT ALL GIRLS RETREAT

GIRLS APPLICATION FORM

Retreat Date: June 10, 11, & 12, 2016

Cost per girl: \$70.00 (Individual checks need to be made to local church)

(\$20.00 non-refundable, but transferable required with registration)

Turn form in to your Girls Ministry leader or Tena by Weds, May 11. Make checks payable to NC. We will mail forms as a group to the District Coordinator. T-shirts are \$15 & due by May 11 as well.

Name: _____, _____, _____ **Birthday:** ____/____/____
(Last) (First) (Middle)

Address: _____
(House number & Street name)

City: _____ **County:** _____ **State:** _____ **Zip:** _____
(Not Country)

Phone: (____) _____ **Race and/or Nationality:** _____

Parent/Guardian's Name: _____ **Phone:** _____

Other Emergency Contact: _____ **Phone:** _____

Church Name: _____ **City:** _____ **Phone:** _____

Check Your Class

Daisies Prims Stars Friends Girls Only

T-SHIRT SALES – payment required with this pre-registration

Yes, I want to order a theme T-shirt for \$15.00. Add this amount to pre-registration check.

No, I do not want to order a Theme T-shirt.

Check Size: Youth S Youth M Youth L

Adult S Adult M Adult L Adult XL

Parent or Guardian, the information on the back of this form is also necessary in the event the camper needs emergency medical attention by the camp nurse or a physician. Please read carefully and complete thoroughly. Emergency facilities are available and a camp nurse is always on duty.

Please complete the back of this form. Parent/Guardian's and Pastor's signatures are required!!

(over)

Insurance Company: _____ **Policy #:** _____

Insurance coverage is the responsibility of the individual family. **The Northern Missouri District camp policy is provided after the individual policy and sponsoring church policy are first engaged.**

Please check if camper has had the following:

- Asthma Appendicitis Appendix removed Chicken Pox Convulsions
- Diphtheria Diabetes Fainting Spells Heart Trouble Hernia
- Measles Mumps Rheumatic Fever Sore Throat Small Pox
- Scarlet Fever Skin Disease Typhoid Fever Whooping Cough HIV

Allergies (Please indicate) _____

Is applicant current with the following immunizations?

- Diphtheria Measles Mumps Polio Small Pox Tetanus

List medications currently being used: _____

I hereby give my child permission to attend Girls Ministries Retreat and authorize medical personnel to administer treatment if deemed necessary. I am aware that my child is expected to abide by camp rules. Permission is given to NMDC Assemblies of God to use photographs (individual or group) and/or multimedia images and recordings in the best interest of NMDC Assemblies of God.

Parent/Guardian Signature: _____ **Date:** _____

Pastor's Signature: _____ **Date:** _____