

Registration

Name: _____

Street Address: _____

City: _____ Postal: _____

Home Phone: _____

Care Card #: _____

I would like to share a room with: _____

Church you attend (if applicable) _____

Gender: _____ Age: _____

Birthdate: ____/____/____
DAY/MONTH/YEAR

Please circle your t-shirt size:

Adult: S M L XL XXL

Total cost for this weekend is \$125 (tax exempt). If you are coming with your youth group, please give the completed form to your youth pastor or leader along with your payment. Individual registrations AND church group registrations are due
March 2, 2017.

**Please Make Cheques Payable
To Your Church**

How to Register

If you are part of a participating youth group, submit your registration form and \$125 to your leader ASAP. All cheques are to be made payable to your church.

Payment is non-transferable.

If you are not part of a participating youth group you can send your registration and payment to Stillwood Camp.

Individual registration and church group registrations are due March 2, 2017.
Check-in: Friday, April 7 from 6:30-8:00 pm
Concludes: Sunday, April 9 at 1:00 pm

What to Bring

Sleeping Bag	Towel
Pillow	Bible
Warm Clothes (that can get dirty)	Money (for the General Store)
Extra Shoes	Donations for Cyrus Centre
Swimsuit	A Denim Outfit
Toiletries	

Do NOT bring valuables!

stillwood.ca
604.858.6845
44005 Lindell Beach, BC V2R 4X9



JR HIGH RETREAT

April 7-9, 2017



Stillwood Camp



Archery
Gym Games
Night Games
Climbing Walls
Fantastic Worship
Sky High Adventure

Activities

Late Night Denim Dash
Camp-Wide Games
Lots of Food
Zip Lining
Hot Tub

Next Level Living

Step 1: God
Step 2: Me
Step 3: The World

Join us as Andy Harrington (CEO of Wellspring Foundation for Education) explores who God is, who we are and what that means for the world.

Consent to Treatment and Liability Release

I hereby give permission for my child to participate in the retreat, April 7-9, 2017. I hereby give Stillwood Camp the authority to act on my behalf in the case of an emergency and to authorize treatment for my child if necessary.

Parents will be notified. Understanding that I am financially responsible, I hereby release Stillwood Camp and its staff for all claims and damages arising from any accidents or injury caused by my child's participation in the retreat.

Camper Information

Camper's Name: _____

Parent 1: _____

Phone: _____

Parent 2: _____

Phone: _____

Emergency Contact (other than parent)

Name: _____

Phone(s): _____

Signature of Parent/Guardian: _____

Date: _____

The following health conditions, food allergies, physical impairments and medical requirements and/or other conditions may limit full participation in the retreat and are made known to any physician attending to the above named participant:

