

GOOD EARTH VILLAGE RETREAT REGISTRATION
25303 Old Town Dr., Spring Valley, Mn 55975

Program Youth Blast Date March 26th/27th, 2010

Name: _____ M F Date of Birth _____

Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Home Congregation: _____ City: _____

Emergency Contact: _____ Phone: _____

Comments, medical info. or food allergies: _____

Roommate preference: _____

Additional information for youth programs:

Parent/Guardian: _____ Phone: _____

My child has permission to participate in this program at Good Earth Village. I give my permission for the church or camp staff to obtain the services of a licensed physician for my child in the case of a medical emergency . I understand that every effort will be made to notify me in the event of such emergency.

Signed (Parent/Guardian) _____ Date: _____