

**CAMP FRIEDENSWALD
WINTER GROUP REGISTRATION**

15406 Watercress Dr.
Cassopolis Mi 49031
269-476-9744
Info@friedenswald.org



Name of Group _____

Name of Retreat _____

Pre-registration deposit (\$15 per person) Included : \$ _____

Note: If the church is paying part of the registration deposit, please indicate in the Church Campership column
A name, address and email information sheet of all retreat participants will be handed out at the conclusion of the retreat.

Sponsor Name	Address and Email	Phone #	M/F	Church Campership

The youth registration portion of this form is on the back. Photocopy this form as needed.

Camp Friedenswald Camper Authorization for Medical Treatment

Full Name of Youth

Your Child's last tetanus shot: _____ Allergies: _____

I give permission for my child to attend Camp Friedenswald and designate Camp officials and/or youth sponsors to act in my behalf in authorizing emergency and/or routine medical care for him/her.

Signature of parent/guardian

Printed name

Date

Emergency phone number/s for parent: _____

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