EQUIP 2020 REGISTRATION FORM

Equip 2020 Retreat (June 14 - 19, 2020)

This form must be completed by:

- All EQUIP attendees who will be staying on-site at Woodland Christian Camp, regardless of age.
- All EQUIP attendees who will participate in supervised and unsupervised recreation, regardless of age.
- All EQUIP attendees over 18 years of age and still on their parents' insurance a parent must sign this form.

Name:					Age: Ge	nder M F Birth D	ate:	
First			La		0			
Address:					City:	State:	Zip:	
T-Shirt Size:	Small:	Med:	Large:	X-Large:_	XX-Large:	Other:		
Parental Co	nsent:							
	I give permission for my child to attend the EQUIP 2020 Retreat. I understand that if my child is covered by health insurance coverage, that information must be shown below.							
					y child to be take t to treatment.	n to a doctor/hospita	al for medical treatment	
	-		_	-	_		n Camp, and all affiliate ticipation in this retreat.	
	I have rea	ad the above	e, and under	stand it fully	, and sign it volun	tarily.		
Parent's Sign	nature:					Date:		
Parent's Em	ail: (please	e print clear	yly)					
Please list a	ll phone n	umbers:						
Home:	:		Work:_			Cell:		
Family Physician:			Office Phone:_					
Church Affil	iation:							
Pastor's Name:					Church Phone:			
Church Address:					City, State, Zip:			
List below a	ny allergie	s to medica	tion or othe	r problems o	of which the adult	ts in charge should b	e made aware of:	
List all medi	cations cu	rrently bein	g taken:					
HEALTH INSURANCE: Company			ame:		Policy #:			
Dra-Cartifics	ition Phon	o #•			Phone # to Verify Renefits:			

COST: \$260 (Includes all meals, lodging, activities, teaching supplies, and souvenir T-shirt) Make checks payable to: EQUIP Retreat

A non-refundable \$25 deposit is required in order to reserve your spot. Space is limited. The remaining balance is due by no later than April 1, 2020. After April 1, 2020, full payment of \$260 is required