

REGISTRATION FORM

Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone Number (_____) - _____ - _____
 Coming as: Individual With Church Group
 Name of Church _____
 Pastor _____
 Church City _____
 E-mail Address _____

**PLEASE BE SURE TO REGISTER
 ONE WEEK IN ADVANCE!**

- Jan. 15-16 Men's Retreat \$49.00
- Jan. 22-23 Snow Retreat \$39.00
- Feb. 6 Winter Carnival \$12.00
- Feb. 11-13 Ski Retreat \$65.00

**PLEASE ENCLOSE PAYMENT AND SEND
 TO:**

**Camp Chetek
 PO Box 26
 Chetek, WI 54728**

I understand there are certain risks associated with snow activities and release Camp Chetek from liability in the event that my child is injured while participating in these activities. I authorize necessary treatment for such injuries to be administered by qualified staff in the event that a parent cannot be immediately contacted. I understand that personal insurance will be primary and camp insurance will be secondary.

 Signature of parent or legal guardian

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