

2017 Retreat Registration

PARTICIPANT INFORMATION

Name _____

Date of Birth _____ Gender _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Home Congregation _____ City _____

Physician's Name _____ Clinic Phone # _____

Should we be aware of any special needs? Please Explain: _____

RETREAT INFORMATION

Name of Retreat _____

Roommate Request _____

FOR OFFICE USE

Received Date _____ Amount Pd _____ Check # _____ Receipt # _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

I authorize Badlands Ministries to take action as deemed necessary for my care, welfare, and health including consent for medical treatment. I also give Badlands Ministries and the ELCA permission to use any photograph or video of me taken at any retreat function for future publications, including the website.

Signature _____

Date _____

PAYMENT INFORMATION

Payment by check or money order to
Badlands Ministries.

Total amount enclosed \$ _____

Payment by Credit Card:

Card Type: Visa Mastercard

Total to be charged: \$ _____

Card Number _____

3 Digit Verf Code _____ Exp Date _____

Name on Card _____

Billing Address _____

Signature _____