



# Camp Christian

## HGC Marriage Retreat March 7-8, 2025

**\$120**

Registration Fee - \$120 per couple

**Registration Deadline is March 1st**

Balance payable before or at check-in.

Please make checks payable to Camp Christian and mail to PO BOX 230, Mill Run, PA 15464. Register online to pay by credit card.

**Please Print:**

Name \_\_\_\_\_ Email \_\_\_\_\_

Contact Number \_\_\_\_\_  Cell  Home Allergies (Food or other) \_\_\_\_\_

Spouse Name \_\_\_\_\_ Email \_\_\_\_\_

Contact Number \_\_\_\_\_  Cell  Home Allergies (Food or other) \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Church name \_\_\_\_\_ Church City \_\_\_\_\_

First Time Attending an event at Camp Christian?  Yes  No

**Plan to Attend the entire Marriage Workshop?**  Yes  No

**Emergency Contact of someone not at camp with you.**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Number \_\_\_\_\_  Cell  Home Number \_\_\_\_\_  Cell  Home

I give my permission to Camp Christian for medical treatment to be administered in such case as deemed necessary by a trained medical professional. I accept and assume all risks associated with recreation activities, and I hereby release Camp Christian of all liability from injuries that might occur. I understand that I am responsible for providing my own insurance for any injuries that occur while at Camp Christian. I recognize that this event is for spiritual enrichment and I agree to attend all sessions. I release all photos, videos, and audio recordings of myself to Camp Christian for promotional purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name