



Camp Christian

Ladies' Fall Retreat September 12-13, 2025

Register by
Sept 6th

Please make checks payable to Camp Christian and mail to PO BOX 230, Mill Run, PA 15464
If you would like to pay by credit card, please register online.

Please Print:

First Name _____ Last Name _____

Contact Number _____ Cell Home Email _____

Mailing Address _____ City, St & Zip _____

Church Name _____ Church City _____

Please list any allergies of which we should be aware (food, medical):

First time attending an event at Camp Christian? Yes No

I am attending the entire program including staying over night _____ \$50

I am attending Friday night ONLY with no overnight stay _____ \$15

I am attending Saturday ONLY with no overnight stay _____ \$30

Emergency Contact of someone not at camp with you.

Name _____ Relation _____

Number _____ Cell Home Alt 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 to Camp Christian for promotional purposes.

Signature

Date