



# Camp Christian

## Ladies' Fall Retreat September 20-21, 2024

Register by  
Sept 13

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 \_\_\_\_\_ \$45

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