

Pilgrim Camp
2019 Youth Retreat Registration
July 19-22, 2019
(From supper on **Friday** until after breakfast on **Monday**)
(Ages 15 through 21)

☐ I am enclosing \$10 registration fee. ☐ I am enclosing the entire payment of \$110.00

Please send this registration form and your payment directly to Pilgrim Camp before July 9.

Before May 1: 8449 85th Dr, Woodhaven, NY 11421 After May 1: 1542 Palisades Rd, Brant Lake, NY 12815

Last Name _____ First _____

☐ Male ☐ Female Birth Date: _____ Email _____

Address _____ CITY _____ ST _____ ZIP _____

Home Phone (____) _____ Cell (____) _____

Parents/Legal Guardian _____

Parents Home Phone (____) _____ Work (____) _____ Cell (____) _____

Church presently attending: _____

Youth worker or minister: _____

If under age 18, the following information must be completed:

Alerts or allergies (specify or write NONE): _____

BY SIGNING THIS registration form, I give permission for the above youth to attend the retreat. In case of medical emergency, I understand that every effort will be made to contact parents or guardians. In the event I cannot be reached, I give permission to the camp-selected physician to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child. BY SIGNING THIS I also acknowledge my awareness that youth activities include water and land sports as well as hiking.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ **Date:** _____