

Mt. Gilead Special Event Registration

*****Use one form per event*****

Parent Name _____ E-mail address _____
 Daughter's Name _____ Grade _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Home Church _____
 Allergies: _____
 Dietary Restrictions: _____

Parent Daughter Weekends (Check week(s) desired)

✓	Event	Dates	Non-refundable registration fee \$50	Parent/ Daughter Fee \$85	Additional Daughter Fee \$35
	Mom /Daughter Weekend	May 21-23, 2010			
	Dad / Daughter Weekend	June 4-6, 2010			
	Dad / Daughter Weekend	October 1-3, 2010			
	Mom /Daughter Weekend	October 15-17, 2010			

**Mail registration to: Lois Lazor
 6 Marsh Woods Lane
 Wilmington, DE 19810**

Dad / Daughter Canoe Trip at Mt. Gilead Camp

✓	Event	Dates	Fee
	Canoe Trip	June 11-12, 2010 (option to stay until June 13 th)	\$75 per dad/daughter

**Mail registration to: Beth Yori
 PO Box 41
 Crum Lynne, PA 19022**

Women's Retreat

✓	Event	Dates	Fee
	Retreat	April 23-24, 2010 (option to stay until the 25 th)	\$40 per attendee

**Mail registration to: Beth Yori
 PO Box 41
 Crum Lynne, PA 19022**

Total non-refundable fee _____
 Amount enclosed _____
 Balance due _____

Credit Card Number: _____ Exp: _____
 Name on card: _____
 Full billing address: _____
 _____ Visa _____ Master Card _____ Discover

**Please make checks payable to:
 Mt. Gilead Camp and Conference Center**

***** The entire balance will be charged to the card listed*****

I hereby grant permission for any pictures and/or video taken of my child, me, or my family to be used in any publications or promotions for Mt. Gilead Camp & Conference Center, and for my child or myself to receive emergency treatment, of which I am financially responsible. I give permission for my child to participate in all on and off campus activities.

Signature of Parent or Guardian _____ Date ____/____/____