

**2009 CMRB Spring Retreats
Registration Forms**

Theme: **"I Am The Way "**
John 14:6

Check One:

_____ *Junior* / Grades 4-6 / March 14-15

Director: Kenny Beal

_____ *Junior High* / Grades 7-9 / March 27-29

Directors:

_____ *Senior High* / Grades 10-12 / March 20-22

Directors:

_____ *Older Youth* / College / Feb. 27-March 1

Director: Rob Bird

Jr Hi, Sr Hi, O.Y. retreats: \$35

Junior retreat fee: \$30

Last Name _____

First Name _____

Address _____

City _____

State _____ Zip _____

Male or Female _____ Grade _____

Birth date _____

E-mail _____

Please mail this registration form and a check payable to
C.M.R.B. to:

Don Norman, 9664 Gillespie Road,
Napoleon, MO 64074

You can contact Don at 816-690-8165
or by e-mail at denorman@i4f.net

Medical

I give my permission to the director to obtain medical services for my child, should it be necessary. I also give permission to the physician and/or hospital to provide proper treatment for my child, and will assume liability for any resulting expenses.

Insurance company: _____

Policy # _____

Allergies: _____

Last Tetanus: _____

Medications: _____

Special instructions: _____

Signatures

Camper agreement: I have read and understand the rules provided to me and will abide by them.

Camper's Signature:

Date _____

Parent/Guardian agreement: I approve my child's participation in the above retreat.

Parent/Guardian Signature:

Date _____

Home phone # _____

Work and/or cell phone # _____

If I cannot be reached, call:

At this # _____

Arrival Times: Friday 7 PM
Jr's: Sat. 9 AM

Pickup Times: Sunday 1 PM for all retreats