

PIONEER CAMP and RETREAT CENTER, Inc.
2010 FAMILY SERVANT EVENT: MAKING A DIFFERENCE I
REGISTRATION
June 20-25, 2010

Participant Information:

Last Name: _____	First Name: _____	List Adult or Age Age: _____
Last Name: _____	First Name: _____	Age: _____
Last Name: _____	First Name: _____	Age: _____
Last Name: _____	First Name: _____	Age: _____
Last Name: _____	First Name: _____	Age: _____
Address: _____		
City: _____	State: _____	Zip _____
Home Phone: (_____) _____ Work Phone: (_____) _____		
Cell Phone: _____ Email address _____		
Home Congregation: _____		City/State: _____
Housing Request: _____ Special Needs: _____		

Adult Signature Required:

I look forward to serving my Lord in this event and I agree to participate and cooperate at the Pioneer Camp and Retreat Center, Inc. Servant Event indicated above. I give permission for my family, as named above, to participate in Pioneer's Servant Event.

Participant Parent/ Guardian Signature _____
Date

I give my family's permission to allow photographs or videos, written response on evaluations and verbal comments shared, also name and address information (for social register **only**) taken during the Servant Event to be used for public relations by the LCMS Dept. of Youth Ministry or Representatives, thereof, and Pioneer Camp and Retreat Center, Inc.

Parent or Adult Participant Signature FOR ABOVE CONSENT ONLY _____
Date

Send this Registration Form with your \$100.00 deposit per family to:

Pioneer Camp and Retreat Center, Inc., 9324 Lakeshore Rd. Angola, NY 14006
Phone (716) 549-1420 Fax: (716) 549-6018

www.pioneercamp.org info@pioneercamp.org

Office Space ONLY	
Date Rec.	_____
Ack. Sent	_____
Deposit	_____
Balance	_____