

PIONEER CAMP and RETREAT CENTER, Inc.

Sharing God's Love

June 13 – 18, 2010

Participant Information: (please write legibly or type)

Last Name: _____ First Name: _____ **List Adult or Age**
Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone (_____) _____ Email: _____

Birthdate: _____ Current Grade in School _____ Sex _____

Home Congregation: _____ City/State: _____

Cabin-mate Request _____ Special Needs: _____

T-Shirt Size: _____

Signatures Required:

I look forward to fully participating in "Sharing God's Love" Servant Event with all of it's work and activities by using all the gifts God has given me.

I give permission to allow photographs or video, written response on evaluations and verbal comments shared during "Sharing God's Love" Servant Event to be used for public relations by either Pioneer Camp and Retreat Center, Inc., or the Department of Youth Ministry-Lutheran Church Missouri Synod.

I give permission for my name, address, phone number and e-mail address to be included in a "Sharing God's Love" participant list, which will be shared with others who participate in the event.

I give permission for my son/daughter to participate (including transportation during the event) in all of the work and activities of the 2010 Sharing God's Love Servant Event

Parent/Guardian Signature

Date

Participant Signature

Date

Send this Registration Form with your \$75.00 per person deposit to:

Office Space

Pioneer Camp & Retreat Center, Inc.

"Sharing God's Love" Servant Event

9324 Lakeshore Rd.

Angola, NY 14006

Phone (716) 549-1420

Fax (716)549-6018

www.pioneercamp.org info@pioneercamp.org

Date Rec. _____

Ack. Sent _____

Deposit _____

Balance _____