

2010 Men's Retreat
March 19-21, 2010
REGISTRATION FORM

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Church you attend, and city _____

Retreat:

Cost \$100. **Make checks payable to ZEFC.** If you wish to make a contribution of any amount to the Retreat Scholarship Fund, please add it to your check, and note it in the memo.

Minimum deposit of \$30 is due with the registration form. Due to pre-reservations, deposits are non-refundable. All registrations after March 7th must be paid in full at time of registration. Registration deadline is March 14th.

Acknowledgement of Risk and Medical Release

I have chosen to attend this retreat, in part, because of the camp activities offered. I understand and acknowledge that participation in the activities offered could result in physical or emotional injury, paralysis, death, or damage to the participant, to property, or to third parties, not excluding personal property. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Timber Bay and ZEFC, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby authorize the staff of ZEFC or Timber Bay to secure medical treatment for me or any dependents if necessary.

(Signature)

(Date)

Zimmerman Evangelical Free Church 25620 4th St W, Zimmerman, MN 55398
#763-856-2237 Fax #763-856-4947

Office Use Only:

Deposit amount _____ Balance remaining _____ Paid in full _____

Scholarship amount donated _____