

The Tri-State Connection

Name _____ Age _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ [Circle one] Male | Female
 Email _____
 Pairing with: (if applicable) _____
 Emergency Contact _____ Phone _____

Medical Information

List all prescription and non-prescription meds, including dosages, frequency/administration and purpose: _____

Other health and/or behavioral considerations: _____

Physician _____ Phone _____
 Ins. Company _____ Policy # _____

"I hereby certify that the above information is correct & give permission for the use of photographs or videos including myself to be used in camp publicity & for the release of medical records in case of illness or injury. In the event that my emergency contact cannot be reached, I hereby give permission to the physician selected by Camp Selah to give emergency medical or surgical treatment & routine non-surgical medical care."

Signature _____
REQUIRED! Date _____



Retreat Specifics

Come reconnect with old friends and/or make some new ones; enjoy pumpkin carving, canoeing & paddle-boating, and other outdoor activities; get spiritually recharged through a meditative prayer walk and teaching from the Word! Send a \$15.00 **non-refundable** deposit (\$25 for a pair) with this form to 3600 Long Lk Rd Reading, MI 49274 and the remaining balance when you come. (Check or cash only)

Registration starts at 6:30pm on Friday, the retreat concludes at 8:30pm on Saturday.

What to bring: personal items, sleeping bag & pillow, Bible, pen
Don't miss out on listening to God's still, small voice!

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