

GOOD EARTH VILLAGE RETREAT REGISTRATION

Please complete and send with payment to Good Earth Village
25303 Old Town Dr., Spring Valley, MN 55975

Program _____ **Date** _____

Name: _____ M F Grade _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Home Congregation: _____ City: _____

Emergency Contact: _____ Phone: _____

Comments, medical info.or food allergies: _____

Roommate preference: _____

Please Charge \$ _____ to my <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover
Card # _____ Sec. Code _____ Exp. Date _____
Signature _____

Additional information for youth programs:

Parent/Guardian: _____ Phone: _____

My child has permission to participate in this program at Good Earth Village. I give my permission for the church or camp staff to obtain the services of a licensed physician for my child in the case of a medical emergency . I understand that every effort will be made to notify me in the event of such emergency.

Signed (Parent/Guardian) _____ Date: _____