

WAY Men's Retreat 2012 Registration Form

General Information:

Note: Please **print** all info, unless otherwise indicated.

Name (Last/First):

_____/_____

Age (D/M/Y):

____/____/____

Address (Street or Mailing/Town/Prov. or State/Postal Code):

_____/_____/_____

Emergency Contact (Name/Relation):

_____/_____

Phone # (Home/*Cell):

_____/_____

Email:

Medical Information:

Allergies or medical concerns:

Ontario Residents under 18: Health Card Number

American Residents under 18: Medical Insurance information

**I hereby give permission for my child to attend this event.*

***Signature** of Legal Guardian

Signature of Attendee

* = Disregard if inapplicable.

Mail Check of \$50 no later than Oct. 13th to: ChristianGovernance, PO Box 7, Russell ON, K4R 1C7