



CROSS TRAILS MINISTRY

RETREAT REGISTRATION FORM



Thank you for your interest in a Cross Trails Retreat! You can register online at www.crosstrails.org or send this form and payment to: *Cross Trails Ministry, 391 Upper Turtle Creek Rd., Kerrville, Texas, 78028*. Once we receive your registration and payment, you will receive a confirmation email.

RETREAT NAME & LOCATION: _____

Participant's Last Name: _____

Participant's First Name: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____ Home/Cell Phone: _____

Gender: _____ Birthdate: ___ / ___ / _____ Grade 2017-2018 (Youth Only) _____

Home Church and City (if any): _____

Housing/Building Mate Preference (if any): _____

Youth Parent/Guardian's Name(s): _____

FAMILY RETREATS (Additional Family Members):

Name: _____ Grade 2017-2018: _____ Birthdate: ___ / ___ / _____ Gender: _____

Name: _____ Grade 2017-2018: _____ Birthdate: ___ / ___ / _____ Gender: _____

Name: _____ Grade 2017-2018: _____ Birthdate: ___ / ___ / _____ Gender: _____

Name: _____ Grade 2017-2018: _____ Birthdate: ___ / ___ / _____ Gender: _____

WOMEN'S CRAFT RETREAT:

- | | | |
|--|--|--|
| <input type="checkbox"/> Viking Weaving \$35 | <input type="checkbox"/> Crochet \$30 | <input type="checkbox"/> Your Own Project(s) |
| <input type="checkbox"/> Leather Trinity Bracelet \$30 | <input type="checkbox"/> Photo Transferring \$50 | |
| <input type="checkbox"/> Tie Dye \$30 | <input type="checkbox"/> Flower Arranging \$40 | |

RELEASE FOR ALL PARTICIPANTS:

Health/Mobility or Dietary Concerns: _____

Insurance Carrier: _____ Group Policy Number: _____

Emergency Contact Name: _____ Emergency Contact Relation: _____

Emergency Contact Phone Number(s): _____

I will not hold Cross Trails Ministry or its staff and directors responsible for accidents, claims or damages arising from my or my child's participation in a Cross Trails Ministry activity. I am responsible for any medical obligations incurred during the retreat or event period and give the Cross Trails Ministry staff permission to seek medical treatment for me or my child in case of injury or illness. I also give permission to use any photograph/video of me or my child, taken at camp, in future promotional materials both electronic and print.

Parent/Legal Guardian or Adult Participant Signature: _____

Date: _____

PAYMENT INFORMATION:

Full retreat fees are due with your registration. Some financial aid is available. Fee refunds are subject to a **\$25** administrative charge and must be requested at least **two weeks** prior to the first day of the retreat.

____ Check made payable to Cross Trails Ministry ____ Visa ____ MasterCard ____ Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____ Total Amount Due \$ _____

Billing Address (if different from above): _____