



CROSS TRAILS MINISTRY

WOMEN'S CRAFT RETREAT

REGISTRATION FORM



Thank you for your interest in the Women's Craft Retreat at Camp Chrysalis! 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.

PARTICIPANT'S INFORMATION:

Participant's First Name: _____
 Participant's Last Name: _____
 Birthdate: _____ / _____ / _____
 Mailing Address: _____
 City/State/Zip: _____
 Email: _____
 Home/Cell Phone: _____
 Home Church and City (if any): _____
 Housing/Building Mate Preference (if any): _____

CRAFT SELECTION:

You can sign up for two to three new crafts to learn on Friday evening or during the say on Saturday. All materials are included in the craft fee.

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| <input type="checkbox"/> Wine Bottle Tiki Torches \$30 | <input type="checkbox"/> Wreath Making \$40 | <input type="checkbox"/> Your Own Project(s) |
| <input type="checkbox"/> String Art \$30 | <input type="checkbox"/> Glass Etching \$50 | |
| <input type="checkbox"/> Cactus on Canvas (paint along) \$50 | <input type="checkbox"/> Wine Cork Board \$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 it 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.

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): _____