

In case of emergency while you are attending the retreat is there an emergency contact person you wish to be called?

No  Yes (provide contact information below)

Name   
Address   
City, State Zip   
Home telephone   
Cell phone

*In case of emergency - I give permission to the camp director to obtain medical services for myself should it be deemed necessary*

Signature   
Insurance Company   
Policy Number

#### Section 4: Spouse

Name   
Relationship

#### Section 5: Cost

Retreat Participant	<input type="checkbox"/>	X	\$125.00 =	<input type="text"/>
Participant Spouse	<input type="checkbox"/>	X	\$50.00 =	<input type="text"/>
Sets of Bedding needed	<input type="checkbox"/>	X	\$15.00 =	<input type="text"/>
Registrations after Mar 31 add \$25.00 per person	<input type="checkbox"/>	X	\$25.00 =	<input type="text"/>
Total for this Registration				<input type="text"/>

Make checks payable to: **Vineyard Camps**

#### Section 6: Terms and Conditions

##### Payment

Participants agree to pay the cost of the retreat in full prior to the retreat unless otherwise agreed in writing by the registrar.

##### Cancellations

Cancellations will be refunded in full if made two weeks prior to the scheduled start of the retreat. Otherwise only 50% refund will be given for cancellation made prior to the camp. No refunds will be given to no-shows.

##### No Prorated Fees

All attendees will be required to pay the full registration fee. We are unable to prorate fees and therefore cannot give credit for missed nights, skipped meals, or similar.

##### Reserved Right

During the retreat, rude or unruly participants may be subject to expulsion from the retreat at the discretion of the retreat leadership with no recourse by the participant.

##### Disclaimer

Neither the presenters nor the Sponsoring organizations or retreat partners guarantee the visitation of the Holy Spirit on the participants.

##### Conduct

All participants agree to conduct themselves in the highest character, both morally and ethically during the retreat. Their actions, communications, and dress should exemplify humility, meekness, and righteous living. Their demeanor should be exemplified through mercy, kindness, gentleness, and compassion. Participants agree that they are no better than their congregants or fellow participants.

##### Authorization for use of photograph or likeness

I do permit and authorize the use of my photograph or other likeness for purposes related to the educational mission of the retreat, including publicity, marketing, and promotion of the retreat or similar programs. I understand my photograph or likeness may be copied and distributed by means of various media, including video presentations, news bulletins, mailouts, brochures, placement on websites, or any similar type of promotional avenue. I understand that, although the retreat sponsors will endeavor to use my photograph or likeness in accordance with standards of good judgment, the sponsors cannot warranty or guarantee that any further dissemination of my photograph or likeness will be subject to sponsor supervision or control. Accordingly, I release the retreat and its sponsoring organizations from any and all liability related to dissemination of my photograph or likeness.

#### Section 7: Participant Acknowledgement

I have read the terms and conditions and I agree to abide by them

Signature   
Print Name   
Date

#### Section 8: We appreciate your interest in the retreat

How did you hear about the retreat?

  
  

Any suggestion?

## Section 9: Payment and Registration Form

Make payments to Vineyard Camps. Mail forms and payment to:  
Vineyard Camps  
206 N 13<sup>th</sup> Avenue  
Greenwood, MO 64034  
816-537-8558  
[eaglaser@att.net](mailto:eaglaser@att.net)

Please contact the registrar for questions about the registration form or the retreat.

# Registration Form

April 15—April 18, 2010

## Section 1: Participant Contact Information

Name   
Home Address   
City, State Zip   
Home telephone   
Home email   
Cell phone   
 Male  Female

## Section 2: Business Information

Are you currently involved in business venture?  
 Yes  No (skip to section 3)

Business Name   
Business Address   
City, State Zip   
Business phone   
Website address   
Email address   
Job title   
# of Employees   
Product / Service

Is God an active focus of your business?  Yes  No

## Section 3: Emergency and Medical Information

Do you or your spouse have any medical conditions, take medication, or have allergies?

Yes (explain below)  No