

Official Use Only

Registration# _____ Check# _____ Amt Paid \$ _____ Date Rec'd _____ Name of Recipient _____

Chinese Christian Church of Baltimore 2014 Summer Retreat Registration Form
Regular Registration Form

Skycroft Retreat Center, August 22-24, 2014 (Fri-Sun)

Please List All Attendees In One Family (One form per household) (age 4 and under are FREE, but MUST stay with parents)				Option1	Option2	Option3
English Full Name	Gender (M/F)	Age	T-Shirt Size (Child and Adult)	Motel Room (Double Occupancy)	Lodge (Male)	Lodge (Female)
1			CS/CM/CL/S/M/L/XL			
2			CS/CM/CL/S/M/L/XL			
3			CS/CM/CL/S/M/L/XL			
4			CS/CM/CL/S/M/L/XL			
5			CS/CM/CL/S/M/L/XL			

* **Roommate(s)**: Please ask them before registering. No guarantee: _____

Registration + (Rooms and Meals): (2 nights + 6 meals + T-shirt)

Option #1: Motel Room (double occupancy, includes private bath, towels, linens, pillows & blankets provided)

Adult (age 9 and above - \$50 registration + \$85 lodge& meal) \$135 / person x _____ people = \$ _____

Child (4-8 year olds must room with parents - \$30 reg + \$55 lodge&meal) \$85 / person X _____ people = \$ _____

Option #2: Lodge (Male) (Bunk-style beds, shared bath, include blankets and pillows, but no sheets)

Adult (age 9 and above - \$50 registration + \$55 lodge&meal) \$105 / person x _____ people = \$ _____

Option #3: Lodge (Female) (Bunk-style beds, shared bath, include blankets and pillows, but no sheets)

Adult (age 9 and above - \$50 registration + \$55 lodge&meal) \$105 / person x _____ people = \$ _____

TOTAL \$ _____

*Check Payable to CCCB.

*Must be paid in full by **June 15**. \$10/person extra applied after **June 15**. No registration accepted after **July 20**.

Home Address: _____	Zip: _____
Phone #: (Home) _____ (Mobile) _____	Email: _____
Emergency Contact: Name _____ Relation: _____	Phone #: _____
Specify any special health needs/medication: _____	
Do you need a ride? <input type="checkbox"/> Yes <input type="checkbox"/> No	I can give rides to _____ passengers.
I apply for financial assistantship? <input type="checkbox"/> Yes;	I like to donate \$ _____ as assistantship to others.

Waiver of Liability

Head of Family/single adult must sign. Participants under 18 years of age not accompanied by a parent must obtain parental signature.

By my signature below, I, the undersigned adult or, if applicable, as the **Head of Family** on behalf of all the registrants named above (Registrants), release the Chinese Christian Church of Baltimore, Skycroft Retreat Center and the leadership or volunteers thereof from all liability, claims, or demands due to personal injury, sickness or death that may occur while attending the church Retreat or participating in any activities related to the Retreat. I agree to pay for any property damages and expenses in any nature whatsoever caused by me or aforementioned Registrants while attending the Retreat or participating in any activities related to the Retreat.

As the **Parent or Guardian of the minor** registrant(s) named above who will not be accompanied by me, by my signature below give permission for the Registrant(s) to participate in the church Retreat and release the Chinese Christian Church of Baltimore, Skycroft Retreat Center and the leadership or volunteers thereof from all liability, claims, or demands due to personal injury, sickness or death that may occur while attending the church Retreat or participating in any activities related to the Retreat. I agree to pay for any property damages and expenses in any nature whatsoever caused by the aforementioned Registrants while attending the Retreat or participating in any activities related to the Retreat.

Head of Family/Parent's Signature: (Sign) _____ (Print) _____ Date: _____