

Official Use Only

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

Chinese Christian Church of Baltimore 2015 Summer Retreat Registration Form
Regular Registration Form

Skycroft Retreat Center, August 14-16, 2015 (Fri-Sun)

Please List All Attendees In One Family (One form per household) (age 4 and under MUST stay with parents)						Deposit ¹	Option A	Option B	Option C
	Name	Member?	Gender	Age	T-Shirt Size (Child and Adult)	(Fee) ²	Motel Room ³	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				

I required Motel Room. The reasons are _____

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

- 1. Deposit:** For CCCB members & families: \$50/person (four years old and up) , Check Payable to CCCB, please mark "Retreat deposit" on it. The deposit will be returned after attending the retreat, no shows or plan changes **after July 26, 2015** will void the refund.
- 2. Fee:** Non-member is required to pay the cost: \$130/person (four years old and up) . Check Payable to CCCB, please mark "Retreat Fee" on it. July 26 is the last day for cancellation of non-member attendee.
- 3.** Only 18 Motel rooms have been made available for us. The Motel rooms will be for attendees who have special needs, the elderly, and large families. The Retreat planning team reserves the right for room assignments.

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

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

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

Home Address: _____ Zip: _____

Phone #: (Home) _____ (Mobile) _____ Email: _____

Emergency Contact: Name _____ Relation: _____ Phone #: _____

Specify any special health needs/medication: _____

Do you need a ride? ___ Yes ___ No I can give rides to _____ passengers.

Amount paid for (Deposit) (Fee) (choose one) \$ _____, check No. _____

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: _____