



**CASOWASCO CAMP & RETREAT CENTER**  
**SOLID YOUTH RETREAT REGISTRATION FORM**

Send completed registration to:

Casowasco Camp & Retreat Center  
 158 Casowasco Drive  
 Moravia NY 13118  
 315-364-8756 / 315-364-7636 (fax)  
 registrar@casowasco.org

**CHURCH INFO**

Church Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Church Address (Street, City, State, Zip) \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Preferred Method of Contact: Phone Email

POST OFFICE  
 USE ONLY: CHURCH NAME \_\_\_\_\_

**EVENT DETAILS**

**SOLID YOUTH RETREAT 2018**  
**JANUARY 26-28, 2018 AND FEBRUARY 2-4, 2018**

Choose your weekend:

January 26 - 28, 2018  February 2 - 4, 2018

It is required that each group bring 1 chaperone of the same gender for every 8 youth. The fees for ONE (1) adult will be waived for every EIGHT (8) youth that register— each additional adult will be charged the appropriate rate. A processing fee of \$20 per expected participant is required at the time of registration; balance is due upon arrival. Please have checks sent from your church, rather than having participants send separate personal checks.

Participants:

Chaperones \_\_\_\_\_ Female Youth \_\_\_\_\_ Female  
 \_\_\_\_\_ Male \_\_\_\_\_ Male

Approximate total number of youth \_\_\_\_\_ x \$98 = \$ \_\_\_\_\_

Approximate number of paid chaperones \_\_\_\_\_ x \$98 = \$ \_\_\_\_\_

Total Amount Due = \$ \_\_\_\_\_

Processing Fee Amount (Number of youth + Number of paid chaperones): \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_ (Due at Registration)

SOLID YOUTH RETREAT 2018

**PAYMENT**

Make checks payable to "UNYAC" with "SOLID Youth Retreat 2018" in the memo line.

Method of payment:

- Check # \_\_\_\_\_
- Visa
- MasterCard

Amount to be placed on card (if other than full amount): \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date (mm/yy): \_\_\_\_/\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*If different from mailing address:*

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

POSTMARK DATE \_\_\_\_\_

**NEXT**

The New York State Department of Health and American Camp Association require us to have contact and emergency information for each retreat participant. **Each youth and chaperone must also fill out an individual registration form** (see attached). Youth leaders must submit these registration forms and confirm final numbers **2 weeks** before the event.

RC'D \_\_\_\_\_



# CASOWASCO CAMP & RETREAT CENTER SOLID YOUTH RETREAT REGISTRATION FORM

**\*Please return this registration form to your Youth Leader\***

## INDIVIDUAL REGISTRATION FORM

FOR OFFICE  
USE ONLY

PARTICIPANT NAME \_\_\_\_\_

CHURCH NAME \_\_\_\_\_

SOLID YOUTH RETREAT 2018

POSTMARK DATE \_\_\_\_\_

RCID \_\_\_\_\_

**CONTACT INFO**

Participant Name \_\_\_\_\_ Church Name \_\_\_\_\_

Participant Address (Street, City, State, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Parent /Guardian \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ Phone (Primary) \_\_\_\_\_

Phone (Secondary) \_\_\_\_\_ Phone (Secondary) \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Address (if different) \_\_\_\_\_ Address (if different) \_\_\_\_\_

**PARTICIPANT INFO**

Date of Birth \_\_\_\_\_  Male  Female Current Grade in School: \_\_\_\_\_

I am a: Youth Chaperone Registering for the weekend of: January 26-28 February 2-4

T-Shirt Size: Small Medium Large X-Large 2XL

Family Medical Insurance Carrier \_\_\_\_\_

Insured's Name \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

Dietary needs: Allergies: \_\_\_\_\_

Operations, serious injuries, pertinent medical information (dates):

List ALL medications (include complete instructions):

Please note all special restrictions, behaviors, or considerations the staff should be aware of:

**SIGN**

### This section must be signed by a parent or guardian for those under 18

*I hereby register myself/my child for SOLID Youth Retreat, and give him/her permission to participate in all related activities. I give permission to release my/my child's name, address, and email address to other people participating in the program. I give permission for still/video pictures of me/my child to be used for promotional purposes. In case of accident or illness, the site administration has my permission to secure emergency medical care for me/my child, as needed..*

 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_