

2008 Camp Blessing Retreat Application

Please note there is a \$25.00 fee for Adults (persons over 18 yrs). There is only one \$25.00 fee per family for a given retreat.

Retreat(s) attending _____

Name: _____ Gender _____ Age _____

Address: _____

City/State _____ Zip: _____ Phone: _____

E-Mail: _____

Emergency contact _____ Phone: _____

Wausau Retreats:

Jan 18-21	Young Adult Retreat (18-20's)	Doug Famous, Director
Jan 25-27	Scrapbooking Retreat	Tracie Elliott, Director
Feb 15-17	Teen Retreat	Cassidy Pohl, Peter Celauro, Co-Directors
Feb 29-March 2	Men's Retreat	David Elliott, Director
Aug 1-3	Family Camp Retreat	Kent and Alanea Urbaniak, Co-Directors
Sept 19-21	Women's Retreat	Director TBA

Vermont Retreat:

April 25-27	Women's Retreat	Director TBA
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Send applications for Wausau to Sara Lenzner, 822 N 3rd Ave., Wausau, WI 54401

Send applications for Vt. to John Polychronis, PO Box 1681, Dover, NH 03821

The bottom of this application **MUST** be completed for anyone under the age of 18 attending a retreat without a parent or guardian.

I hereby grant permission for any emergency medical, surgical, anesthesia or other procedure deemed necessary for my son/daughter/ward during his /her stay at Camp Blessing. It is understood that emergency treatment will be preformed in a nearby hospital. I also grant permission for administration of medications prescribed by a physician.

Permission to give: Benadryl _____ Tylenol _____ Initials _____

Parents/Guardian Signature _____

Emergency contact _____ Phone _____

Medical Insurance Company _____

Policy # _____

Name of Insured _____