

**Black Rock Winter Retreat 2009-2010  
Group Participant Registration Form**

Please check which retreat you are registering for:

- Jr. High Winter Retreat - December 27-29, 2009  
 Sr. High Winter Retreat - February 12-14, 2010

Retreat Registration Fee: ..... \$90/person  
 Discounted Group Registration Fee: ..... \$60/person  
**GROUP DISCOUNT INFORMATION:**

Any group bringing 8+ people will receive \$30 off per person, **excluding adult participants**. GROUPS MUST SUBMIT ALL REGISTRATIONS TOGETHER WITH PAYMENT AND GROUP ROSTER BY DECEMBER 18, 2009 for JR. HIGH RETREAT, AND BY FEBRUARY 1, 2010 FOR THE SR. HIGH RETREAT. Please DO NOT submit individual payment to Black Rock Retreat. All payment to Black Rock must be submitted in one sum by the group leader.

**Group Name:** \_\_\_\_\_

**Participant Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
 Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male  Female   
 Age at time of retreat: \_\_\_\_\_ Current Grade : \_\_\_\_\_  
 Have you been a camper at Black Rock before? \_\_\_\_\_  
 Name of Church: \_\_\_\_\_  
 Church Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent(s)/Guardian(s) with whom you live:**

Name(s): \_\_\_\_\_  
 Evening Phone: \_\_\_\_\_  
 Day/Cell Phone: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Emergency Contact Phone: \_\_\_\_\_

The participant named above has my consent to attend this retreat at Black Rock Retreat and to participate in its activities. By signing this registration, I also authorize Black Rock Retreat to use photographs and video footage of the registrant for publicity and promotional purposes.

**Signature of Parent(s)/Guardian(s):** \_\_\_\_\_

**Complimentary T-shirt size** (circle one): **S M L XL XXL**

SEND REGISTRATIONS AND PAYMENT TO:

BLACK ROCK RETREAT  
 1345 KIRKWOOD PIKE  
 QUARRYVILLE, PA 17566  
 1-800-858-9299

For Office Use Only	
PAID	DATE

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