



# SHINE 8: City On A Hill

## Lewis River Youth Retreat

18606 NE Lucia Falls Road Yacolt, WA 98675

September 28-30, 2007

Grades 7 - '07 Grads

6pm Friday through Noon Sunday

Total Cost: \$65

Complete the Registration/Health Form below and mail with \$65 by 9-22-2007 to:

Ashley Whitham - 3500 NE 99<sup>th</sup> St. Vancouver, WA 98665

Make Checks Payable to: Community of Christ - GPNW Mission Center

**Please Note:** You must be pre-registered to attend the retreat. If you arrive and are not pre-registered and/or do not have a completed and signed form you will be sent home. No exceptions!

Name:	◇ M ◇ F	Grade:
Address: _____		Phone #:
City, State, Zip:		E-mail:
Parent/Guardian:		Phone #:
Emergency Contact:		Phone #:
Doctor:		Phone #:
Dentist:		Phone #:
Insurance:		Policy #:
Policy Holder Name:		Group #:
Date of Last Tetanus Booster:		
Do you take any medications? ◇Y ◇N (If yes, write meds and dose schedule on back of form)		
Do you have any special health concerns? ◇Y ◇N (If yes, please write them on back of form)		
I agree to hold harmless Community of Christ, or its agent, for liability resulting from injury or accident. In the event my child is injured or becomes seriously ill and no responsible person can be reached by telephone, I hereby give permission to the physician selected by the retreat director or his/her agent to do whatever he/she feels is in the best interest of my child. I also hereby delegate the retreat director or his/her medical staff person to store and dispense my child's medication as previously indicated.		
Parent/Guardian Signature: _____		Date: _____

What to Bring: Sleeping Bag and Pillow, Clothes, Toiletries and Towels,

Musical or Other Gifts to Share

Please Leave Valuables at Home!!!

Questions? Contact Laurie Sharpe at 360-573-9148 or [ashleyrwhitham@yahoo.com](mailto:ashleyrwhitham@yahoo.com)

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