

REGISTRATION

For the 2nd/3rd/4th Grade Retreat

**Complete the information below & return to
mailbox# C3 no later than Sunday, 2/5/12.**

Child's Name: _____ Grade: _____

Parent(s): _____

Phone # (s): _____

Email address: _____

Any Medical Concerns or special needs that we should be aware of?

Upon receipt of this registration form, you will receive a confirmation letter and more detailed information about the program.

****WE NEED CHAPERONES!!!**

If you can help for any period of time (evening, morning, or overnight), please contact Patty Wiehler (610-888-9594) or patty@hopewellumc.org.

Thank You!!