

Vertical Reality

Trinity Youth Event Registration Form

PLEASE RETURN TO

TRINITY COMMUNITY CHURCH

110 Line 7 South, Box 8 Oro, Ontario L0L 2X0

Phone: 705-487-1998 Fax: 487-5155 mfox@trinitycommunity.org

Date: Friday October 26th to Sunday October 28th.

* leaving at 4:30pm and returning at 3:00pm.

Location: Camp Mini-Yo-We

1878 Muskoka Road, #10 West, R.R.#2

Port Sydney, Ontario

POB 1LO

Telephone: 1-888-CAMP-MYW (226-7699) E-mail: office@miniyowe.com

Cost: \$125.00 before September 30th. \$145.00 after September 30th

* this includes all accommodation, meals and transportation

(no meal on Friday, lunch included before leaving on Sunday)

* funds due with registration

Final deadline for registration: Sunday October 14th.

Student Information:

Name		Phone#		
Address				
	oute) (City / Town) (Po			
Email				
Grade	of	Student	Date	of
Birth				
Health Card#				
		Medical Conditions		
Any other comme	nts, behavioral or hea	1th information we may need to know?		
				_
				_
				_
Emergency co	ontact informati	on:		
Name:		Phone#		
		Cell#		

Participant's Agreement

To ensure that I gain as much as possible from this event, and for the good of all who attend, I agree to cooperate with the guidelines set by the event coordinators and, to participate to the best of my ability in all the planned activities. I understand that permission to participate in the activities may be withdrawn, if this agreement is not honoured. I also understand that photographs and video recordings taken at this event may be used for promotion and/or news purposes.

Participa	int's S	Signatur	e

Parent/Guardian Agreement

To ensure that our students have a safe and excellent experience at the Vertical Reality retreat, it is the responsibility of the parent/guardian to come and pick up the student in case the behavior of a student is deemed unacceptable or inappropriate by the leaders of the retreat.

Parent's / Guardian's Signature
(To be signed if participant is under 18 years of age)