

Sportsmen's Retreat: March 22/23-25, 2018

(Arrival & check-in begin at 4pm on Friday, March 23)

All attendees must be at least age 8 by 3/22/2018

(See "Optional Fees" section for Early Arrival Choices)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Birthday / / T-shirt* size: YOUTH: S M L ADULT: S M L XL 2XL 3XL
MM DD YY *Please add \$3 for 2XL and 3XL shirts

Church/Group Name _____ Roommate Request(s) _____

Do you have any food allergies? If so, please list them here: _____

Registration Options (Mark your preference. Choice not guaranteed. All costs are per person. Options 1-5 include Fri Supper – Sun brunch.)

- 1) **Standard Housing (\$100/person):** Main Lodge Welcome Center Johnson Lodge Treetopper Bunkhouse Family Life Ctr
- 2) **Inn (\$130/person):** All rooms are reserved as of 11/7/2017. Only circle this option if you're joining a friend who has reserved an Inn Room.
- 3) **RV or Tent Camping, \$80/person:** Electricity guaranteed. Guests staying in your RV pay \$80/person, too.
 - a. Bringing your RV or Tent? Describe its size here: _____
 - b. Joining a friend in their RV or Tent? List their name here: _____
- 4) **Hickory Grove Cabin (\$80/person):** No installed heat; kerosene heaters available. Restrooms in showerhouse.
- 5) **No Housing Required (\$65/person):** For people staying off-site.
- 6) **Attending Saturday Only (\$45/person):** Includes breakfast, lunch (Wild Game Feed), and supper on Saturday.

Optional Fees (Please circle any that apply to you.)

- 1) **Thursday, 4pm check-in:** \$40/person (Adds more shooting, an extra night's lodging, supper Thursday, breakfast & lunch Friday.)
- 2) **Friday, 9am check-in:** \$10/person (Adds a few extra hours of shooting and lunch on Friday.)
- 3) **T-Shirt:** Please add \$3 to your total if you need a 2XL or 3XL shirt.

Payment (Full payment required to register.)



Total due: \$ _____

- 1) Check # _____ **OR** 2) Credit Card (Please circle type): Visa MasterCard Discover Amex

Name on Card: _____ CC#: _____

Exp. Date: _____ Card Security Code: _____ Signature: _____

Billing Address (if different from above): _____

Address City State Zip

Medical & Liability Statement: I acknowledge that participation in camp activities involves risk to myself (or my parent/guardian if I'm a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in camp activities, I (or my parent/guardian if I'm a minor) acknowledge and accept the risks of injury associated with participation in camp activities as well as transportation to activities, if applicable. I (or my parent/guardian) accept personal financial responsibility for any injury or other loss sustained during camp or during transportation to activities, if applicable, as well as for any medical treatment rendered to me that is authorized by Hidden Acres or its employees, volunteers or any other representatives (collectively, referred to hereinafter as "Hidden Acres Christian Center"). Further, I (or my parent/guardian) release and promise to indemnify, defend and hold harmless Hidden Acres Christian Center for any injury arising directly or indirectly out of camp activities as well as transportation to activities, if applicable, whether such injury arises out of the negligence of Hidden Acres Christian Center, myself, or otherwise.

Media Statement: I hereby grant permission to Hidden Acres to record, by videotape, photograph, or other means of reproduction, the voice, image, and physical likeness of my camper and to use any such recorded material for promotional and marketing purposes, such as printed brochures, social media websites, the Hidden Acres' website and other forms of electronic publications, without further consent or compensation.

If you are in agreement with and understand the statements above, please sign below. If you do not sign below, your registration will be considered null and void, it will not be accepted by Hidden Acres Christian Center, your payment will be returned, and you will not be registered for this event.

Signature*: _____

Date Signed: _____

**if you are a minor, please have your parent/guardian sign here.*

Registration Submission Options

- 1) Mail to Hidden Acres Christian Center, 3837 Union Ave., Dayton IA 50530
- 2) Fax to Hidden Acres at 515-547-2752
- 3) E-mail to rachelle.rasmussen@hacamps.org