Women's Retreat: September 14-15, 2018

(Check-in begins at 3pm on Friday, September 14)
(Early Friday Start: Check-in begins at 11am on Friday, September 14)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Birthday ____/____/____ (MM DD YY) Do you have any food allergies? _____

Church/Group Name _____ Roommate Request(s) _____

What size Women's Retreat shirt would you like? S M L XL 2XL 3XL
(add $3 for 2XL or 3XL)

Registration Options *(Please circle at least one option.)*

1) **Standard Retreat (Friday afternoon – Saturday afternoon): $80/person**
   3pm Friday arrival; includes 1 night lodging, 3 meals, and 3 chapel sessions
2) **Friday Only (Friday afternoon – Friday night): $30/person**
   3pm Friday arrival; includes Friday supper and 1 chapel session, but no lodging
3) **Friday Early Start Add-On (Come early! Combine with Option 1 or 2 above!): $10/person**
   11am Friday arrival; adds Friday lunch and 4 hours of retreat time to Option 1 or 2
4) **Saturday Only (Saturday morning – Saturday afternoon): $50/person**
   7am Saturday arrival; includes 2 meals and 2 chapel sessions, but no lodging

Payment (Full payment required to register) **Total Payment:** $ _____
(retreat cost + any shirt fees)

1) Check # _____
2) Credit Card Type (Please circle): 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, 3837 Union Ave., Dayton IA 50530
2) Fax to 515-547-2752
3) Email to rachelle.rasmussen@hacamps.org

A Note for Groups: *Group forms are no longer available. Please have each person (A) fill out a copy of this form or (B) register online.*