

CHURCH & SEASONS (Ecclesiastes 3:1)
2022 CONFIRMATION WINTER RETREAT

Calvary Lutheran Church

Saturday, January 22, 2022

9am-7:30pm

STUDENT: _____ Student's Cell Phone _____

Parent(s): _____

I can chaperone (if needed): YES _____ NO _____

Home Address _____ Zip Code _____ e-mail _____

My student will need:

Transportation: YES _____ NO _____

Scholarship: YES _____ NO _____ (Calvary has scholarships available, if needed)

I give permission for (Student's Name) _____ to participate in the activities of Calvary's Confirmation Retreat. I agree that the church or its personnel will not be held responsible for any accident that may occur. In the event I cannot be reached in an emergency, I give permission to the physician, selected by the adult leader in charge, to hospitalize, secure anesthesia, to order injections, or surgery for my child.

Parent/ Guardian Signature _____ Date _____

Cell Phone _____ Home Phone _____ Work Phone _____

Family Doctor is _____ Phone _____

Emergency contact person(s) other than parents: _____ Phone _____

INCLUDE \$30 REGISTRATION FEE WITH THIS FORM

Checks to: *Calvary Lutheran Church.*

Return this form along with payment to the church office *no later than:*