

MIDWINTER 2017 REGISTRATION FORM

Please make sure both sides of the Registration are filled out. Incomplete forms will not be processed.

Please print clearly.

Name: _____ Birth Date: _____ Grade: _____ Jr. High Sr. High

Phone: _____ Email: _____

Address _____ City _____ State _____ Zip _____

- Early Registration** \$65 due by January 22, 2017. Make checks payable to "WHFC."
- Regular Registration** After January 22 through February 5, 2017. Cost is \$75. Make checks payable to "WHFC."

Registration fee covers food, lodging, transportation and admission to all activities for the weekend.

TOTAL AMOUNT ENCLOSED \$ _____

Turn in completed Registration Form with Payment (checks payable to "WHFC") to Pastor Jim Davis, 2846 SOM Center Road, Willoughby Hills, OH 44094 or place in the Church Office Drop box.

OFFICE USE ONLY:
 Date Postmarked: _____
 Date Received: _____
 Amount Received: _____



MIDWINTER RETREAT

February 10-12, 2017

Grades 7 - 12

at Stony Glen Camp in Madison, Ohio

Midwinter Retreat at Stony Glen Camp

EARLY Registration by January 22: \$65 TOTAL

REGULAR Registration after January 22: \$75 TOTAL

MIDWINTER Schedule

FRIDAY

6pm Meet at church
 7pm Arrive at Stony Glen
 8pm Worship & "Breakout"
 10pm Free Time (Activities)
 12am-7am Quiet Hours

SATURDAY

7:30am Wake Up
 8:30am Breakfast
 10am Worship & "Breakout"
 12pm Lunch
 1pm Activities
 5:30pm Dinner
 7pm Worship & "Breakout"
 9:30pm Activities/Free Time
 12am-7am Quiet Hours

SUNDAY

7:30am Wake Up & Pack Up
 8:30am Breakfast
 9:30am Worship & "Breakout"
 11:30am Load Up & Leave
 12:15pm Arrive at WHFC



Don't miss this year's excitement at Midwinter at Stony Glen Camp.

MIDWINTER RETREAT 2017 REGISTRATION FORM

Parental Release – In consideration for my teen being allowed to participate in Midwinter Retreat, my spouse and/or myself hereby assume all risks in connection with this event and further release Willoughby Hills Friends Church from any claims, judgements, or liability for any injury or damage that may occur while our teen is attending Midwinter Retreat. I/we also authorize, request, and give consent to Willoughby Hills Friends Church or other responsible person to store, supervise, and/or administer the medication listed (if applicable) to my/our teenager.

Date: _____

Parent's or Guardian's Name(s): _____

Print _____ Sign _____

Print _____ Sign _____

Insurance Co. _____ Policy # _____

Please complete both sides of forms and turn in with check (payable to "WHFC") to Pastor Jim Davis or the church office.

MEDICATION INFORMATION
Teen's Name _____
Allergies/Illness: _____
Approx. Date of Last Tetanus Injection: _____
Prescribed Medication (w/doctor's note): _____
Non-Prescription Medication: _____
Dosage and Administration: _____
Time of Day to Be Administered: _____
Date to Begin Medication: _____
Date to Complete Medication: _____