

FBCFO WOMEN'S WEEKEND OCTOBER 19-21, 2018 REGISTRATION AND MEDICAL INFORMATION

(Please Print)

If you make payment(s) using PayPal, please present a copy of your receipt along with your completed registration form.

Today's date:		Home Church:			
REGISTRATION INFORMATION					
Your last name:		First:		Middle:	<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Street address:				Home phone: ()	
City:		State:	ZIP:	Cell phone: ()	
Can you take add'l passengers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe – If yes, how many passengers can you take? _____ (don't count yourself)			Email Address:		
Need to ride with someone? <input type="checkbox"/> Yes <input type="checkbox"/> No			PAYMENT INFORMATION – For Retreat Committee Use Only		
Do you snore? <input type="checkbox"/> Yes <input type="checkbox"/> No			Registration is \$165.00 (OR \$155.00 if \$40 deposit is paid by July 29 th .) Please check this box if you need to make payment arrangements. <input type="checkbox"/>		
Are you a <input type="checkbox"/> MORNING or <input type="checkbox"/> NIGHT person?			Minimum due with Registration (non-refundable)		
Can you sleep on a TOP bunk? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$ 40.00		
Are you able to climb stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No			Optional Scholarship Donation – Please make separate check for this tax-deductible offering.		
For <i>optional activities</i> , do you prefer <input type="checkbox"/> QUIET or <input type="checkbox"/> ACTIVE?			Total received today by: _____ on _____ <small>(initials) (date)</small>		
T-shirt size:			Cash or Check or PayPal Receipt		
<input type="checkbox"/> XS <input type="checkbox"/> M <input type="checkbox"/> XL <input type="checkbox"/> 3X			Paid by <input type="checkbox"/> Cash <input type="checkbox"/> Check (# _____)		
<input type="checkbox"/> S <input type="checkbox"/> L <input type="checkbox"/> 2X <input type="checkbox"/> 4X			Balance Due no later than September 30, 2018		
			\$		
MEDICAL & INSURANCE INFORMATION					
<i>This information is needed so that we may provide the best care possible for you in the event of an emergency. This information will be retained by the camp nurse for the weekend of retreat only. All information will be shredded at the completion of the weekend.</i>					
Name of Physician:				Phone: ()	
Street Address:				City/ST/Zip:	
Allergies (other than food):					
Medications:					
Difficulties or Special Assistance Needs:		<input type="checkbox"/> Mobility <input type="checkbox"/> Other (please describe):			
		<input type="checkbox"/> I require a bottom bunk			
Dietary Information:		Camp Alta can assist with the following dietary modifications: You MUST let us know IN ADVANCE for special dietary requests. <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Other (please list below)			
Food allergies: <input type="checkbox"/> Peanut or <input type="checkbox"/> Other (please list):					
Name of Medical Insurance Co.:				Phone:	
Address:				()	
Subscriber's name:			Group no.:	Policy no.:	
Name of secondary insurance (if applicable):		Subscriber's name:		Group no.:	Policy no.:
IN CASE OF EMERGENCY					
Name of local friend or relative:		Relationship:	Home phone:	Work/Cell phone:	
			()	()	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize _____ [Name of Practice] or insurance company to release any information required to process my claims.					
Release of Liability: I hereby assume full responsibility for any risk of bodily injury, death or property damage due to my negligence or misconduct while participating in this event.					
_____				_____	
Signature				Date	

To register, please complete this form, print and sign it, and submit to the Women's Kiosk in the church lobby with your payment.