**PPMCC 2017 Retreat**

**Jun 2—Jun 4, 2017 | John Wesley Ranch, Divide, CO**

*Each person registering for the retreat must fill out a registration form. Registration is limited to 60 people, on a*

*first-come, first-served basis. This retreat is for adults only. Unfortunately, we cannot accommodate children at this time.*

Name

Address

City State Zip Code

Home Phone Alternate Phone

Email Address

Date Submitted to church office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Information**

1. Our ability to accommodate special dietary needs is limited. If you have a dietary need please contact Pastor Alycia for more information *before* registering.
2. Are you willing to carpool? □ Yes □ No

If you would like to carpool, are you willing to drive? □ Yes □ No

1. If you need special accessibility accommodations, please contact Pastor Alycia

**Payment Information**

$120 per person ($135 for semi-private room) (5 rooms available, double occupancy, first come first serve with a $50 deposit per person)

Deposit Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A deposit of $50.00 is required to hold your reservation for the retreat. Complete payment required by May 18, 2017.***

*Any payments for the retreat are non-refundable after Sunday, May 7.*

* Check here if you wish to set up a payment plan to pay for the retreat.

**Scholarship Assistance**

Limited scholarship assistance will be available. Recipients will be selected based on financial need as determined by Pastor Alycia.

* Check here if you wish to be contacted regarding scholarship assistance.

**Donations are needed for the scholarship assistance fund. Thank you for your generosity.**

* I wish to make a donation to the scholarship assistance fund of $\_\_\_\_\_\_\_\_\_\_.

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| **Liability Release Form**Release of All Claims       In consideration for being accepted by Pikes Peak Metropolitan Community Church (PPMCC) for participation in the Annual Church Retreat at John Wesley Ranch on Jun 24-26, 2016, I, being 18 years of age or older, do for myself hereby release, forever discharge and agree to hold harmless PPMCC and the staff, leadership, and Board of Directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned while said person is participating in the above-described trip or activity.     Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation activities and transportation involved therein.     Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.     The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. I, as a participant, recognize the inherent risk involved in this trip, including but not limited to the effects of environmental conditions. I accept these risks as my own and it is my intention by this instrument to EXEMPT AND RELEASE PIKES PEAK METROPOLITAN COMMUNITY CHURCH AND ITS LEADERS from all liabilities.   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name of Participant  | (Only participant need sign if 18 years of age or older.  If under 18, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Participant Date |
| Hospital insurance   Yes  NoInsurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Policy number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Emergency phone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)  | Emergency phone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name)  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Telephone Number) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Telephone Number) |
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