



**Cedar Crest Camp Children's Retreat 2017
Into the Wild
October 21-22**

Participant Name _____
Age _____ Grade _____ Male ___ Female ___ Attended Cedar Crest before? _____
Home Church _____ City _____
Children's Ministry/Education director _____
Retreat chaperone (if applicable) _____
Parent/Guardian(s) _____ P/G Phone _____
Email address for primary contact _____

Cost: \$105 (includes lodging, 3 meals, 1 snack, programming, and music)

Payment options (circle one): church payment check credit card

Payment may be collected at registration on October 21

Check # _____ or if by credit card, complete information below: Card # _____ Security Code _____ Exp. Date _____ Amount authorized to charge _____ Signature _____ Total amount enclosed with registration form _____
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**Registration gives Cedar Crest permission to use photo
or likeness in publicity unless otherwise negotiated.**

Registration begins at 9 a.m. on **Saturday, October 21.**
Departure is scheduled for 10:30 a.m. on **Sunday, October 22.**

Scan and email completed form to morgan@cedarcrestcamp.org or return by mail to:
**Children's Retreat Registration
7900 Cedar Crest Camp Road
Lyles, TN 37098**

Questions? Email morgan@cedarcrestcamp.org or call 931-670-3025.