

Black Rock Retreat Winter Camp Group Roster

Event Name (circle one):

Jr. High Winter Camp - January 11-13, 2019

Sr. High Winter Camp - February 8-10, 2019

Group Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Group Leader/Contact Name: _____

Group Leader/Contact Phone: _____ Cell: _____

Email Address: _____

Please list the name of each person in your group that is registered to participate in winter camp. Each person must complete an individual registration form, even if attending with a group. All payment should be collected by the group leader and submitted with the registration forms. Any adult youth leader participating in winter camp must complete a registration form and be listed on the roster as well. Please put a star by each leaders name. Once the roster, registrations, and payment are submitted, a confirmation letter will be mailed back to you indicating your registration status. If you have questions feel free to contact us at 1-800-858-9299. Thank you!

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NAME: Girls
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