

Registration Form

Name _____

Phone (____) _____ Email _____

Address _____

City _____ State _____ Zip _____

Birthday ____/____/____ Attending Church: _____

Retreat Code: _____ This is a Group Registration for the Small
Group Retreat (only the group leader need register).

Retreat Price: \$ _____

Addl. Fees: \$ _____

Discount: \$ _____

If full payment is received one week prior to retreat, deduct \$5.00 from total. Certain retreats may have special discounts, view these on the camp's website.

Deposit: \$ 15.00 (Balance will be due at check-in)

I would like a Scholarship Application.

Amount Enclosed with Registration Form: \$ _____ Check # _____

Discover Card Only - Card # 6 _____ - _____ - _____ - _____

Cardholder Signature: _____

Exp. Date: ____/____ 3 digit ID _____

By signing this registration form I understand and certify that participation in New Life Bible Camp and its activities is completely voluntary and I have familiarized myself with the camp's program and activities in which I will be participating. I recognize that certain hazards and dangers are inherent in camp events and programs, and particularly but not limited to the activities of hiking, horses, organized recreational activities and games, and team building activities. I acknowledge that although New Life Bible Camp has taken safety measures to minimize the risk of injury to camp participants, New Life cannot ensure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize the importance of knowing and abiding by the camp's rules, regulations and procedures for safety of all camp participants. By my signature below, I agree to indemnify, waive all claims, and hold New Life Bible Camp harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any lawsuit I (or my agents) might file against them or arising from my participation in activities at New Life Bible Camp. I also hereby give my permission to the physician selected by the camp to hospitalize, secure proper treatment for; and order injection, anesthesia, or surgery for me. I also grant permission for the above named to be included in camp photos, audio, and/or video that may be used for promotional purposes.

Participant's Signature: _____ Date: _____

Parent's Signature (if under 18): _____

Complete registration form and mail with deposit or full-payment to
New Life Bible Camp, 451 Tarwater Rd, Buffalo Mills PA 15534
(814) 842-3325