Confirmation Retreat – The Sacraments
Group Registration Form
February 26-27, 2010

Name of Church_____
Address _____
City _____ State _____ Zip _____

Contact Person _____ _____
Phone #'s Office or home or cell
Email Address _____

Lodging Choice (Please Circle choice) Scott Lodge Main Lodge Triple Cabins
Total Number Registering _____

Make sure you have at least one adult advisor per six youth of the same gender.

Conferees

Name	***Gender***	***Youth (grade) or Adult***
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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