Middle School Retreat
November 12 to 14 2010

Name of Church_____
Address _____
City _____ State _____ Zip _____
E-Mail Address: _____
Contact Person _____ _____
Phone #'s Office or home or cell

Lodging (please circle choice) Scott Lodge Main Lodge Cabins

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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