

Confirmation Retreat - GROUP ROSTER

This ROSTER & Required forms due Monday, January 30, 2023

******* Any youth or adult arriving WITHOUT required forms, must return home. *******

Church Name: _____

Date: _____

Church Address: _____ City/Zip: _____

Group Leader Name: _____ Cell Phone: _____

E-mail: _____

PAYMENTS: Total due per person is \$40. Additional \$5 Late fee on registration received after January 29.

Mail Checks directly to Camp Monroe. Checks Payable to Monroe Camp & Retreat Center (MCRC): Registrar, Monroe Camp, 24501 Camp Road, Laurel Hill, NC 28351. Credit Cards may be used by calling the camp at 910-276-1654.

Please verify completed and signed forms for all participants before arriving at camp:

| Female Participants | Emergency Form | Likeness/Covenant Waiver | Notes (paid?) |
|------------------------------------------------|--------------------------|---------------------------------|----------------------|
| 1. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Male Participants | Emergency Form | Likeness/Covenant Waiver | Notes (paid?) |
|------------------------------------------------|--------------------------|---------------------------------|----------------------|
| 1. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Male Chaperone | Participant Forms | Child/Youth Worker Protection Policy | |
|------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|--------------------------|
| <i>*Chaperones must be provided to match the gender of youth</i> | | Background Cert. Form | Receipt of Policy |
| 1. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Female Chaperone | Participant Forms | Child/Youth Worker Protection Policy | |
|------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|--------------------------|
| <i>*Chaperones must be provided to match the gender of youth</i> | | Background Cert. Form | Receipt of Policy |
| 1. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <i>Special Needs/ Diet Restrictions?</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |