

NEW NEW'S CO-ED RE-TREAT 2ND YEAR

2015 Registration Form

Percy Quin State Park (Group Camp Site)
March 6-9 2015

Camper Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ phone: (____) _____

Does camper prefer to be called by a nickname? _____ D.O.B ____/____/____ M / F

School Attend: _____ Grade: _____ Age: _____

City: _____ State: _____ Zip Code: _____

Parents Name: _____

How did you find out about our program? _____

Is camper currently taking any medications that we should be aware of? (If yes, please explain)

Does camper have any special needs? (If yes, please explain)

Does camper have any allergies? (If yes, please explain)

Do you have any special meal requests? (Vegetarian, Food allergies, etc,)

Do you anticipate problems with transportation? ☐ No ☐ Yes

Emergency Contacts:

Name _____

Telephone _____

Relationship to participant _____

Name _____

Telephone _____ Relationship to participant _____

Please send these forms to 'NEW NEW'S CO-ED RE-TREAT' by the deadline below

FOUNDER: Kyla Dixon
New New's Co-Ed Re-Treat
P.O. Box 297
Summit, MS 39666

601-396-9856
newnews_retreats@givebackmail.com

CONSENT

I hereby give NewNew's Re-Treats authority to use photos of my child ()for publicity purposes as said founder Kyla Dixon sees fit. I also, acknowledge that my child and my self are responsible for all belongings brought to and from camp. I am also aware that certain circumstances may come up in camp where my child may be injured, lose belonging, and may get ill before or after the re-treat if any said event happen I will not sue any volunteer,counselor, camper, parent, nor NewNew's Re-Treats are its Founder :Kyla Dixon,or affiliates in any way.I am responsible for all such matters and cases being I am the parent/ legal guardian of said child above. I am responsible for all money and attorney fees paid said if any circumstances ever come fourth in are out of a court of law.I am signing this document with knowledge that I have read fully and understand these agreements that are set fourth above.

Parent/guardian signature: _____

Print name: _____

Date: _____

REGISTRATION FORM S ARE DUE ASAP

FIRST COME FIRST ACCEPTANCE

ALL APPLICATIONS ARE DUE BY

DECEMBER 25,2015

WITH **\$25.00** APP LICATION DONATION WHICH WILL BE

DUE AT TIME OF ACCEPTANCE AND WILL BE ADDED TO

TO CAMP DONATION FEE FOR A REMAINDER OF **\$125.00**

DUE IN FEBURAY 2015 WHICH MAKES THE TOTAL DONATION

(NO ACCEPTIONS)

Keep this sheet:

()\$25(non-refundable) Pre-Registration Donation per child(Due with Application)

()Remaining \$125 (Donation Fee)Due on are before (February 6,2015)

For our new camper you will only be required to bring the normal things you would take to a sleepover.

New New's Re-Treats Provide: toothpaste, tooth brush, mouthwash, deodorant, body wash/soap, tissue, paper towel, anti-bacterial hand sanitizer, food, drink, water, housing, ect....

Campers Responsible for bringing: Pillow, twin bed sheet set & comforter, clothing, underwear, tennis shoes, socks, jackets/coat(the normal).

You will get a detailed list of the things to bring if you have any problems with these things you can contact me & we will be glad to help in anyway we can because we want all campers to feel comfortable.

Mail back forms to:

Make Money Orders Payable to:Kyla Dixon-New New's Re-Treats
(NO CHECKS ACCEPTED) ONLY CASH/POSTAL MONEY ORDERS

Kyla Dixon
New New's Re-Treats
P.O.Box 297
Summit, MS

Contact Info Call/Text:(601)395-9856

Email: newnews_retreats@givebackmail.com

My personal email: newnews_owner@givebackmail.com

Website: <http://www.newnewsretreats.webs.com>