

**GOOD EARTH VILLAGE RETREAT REGISTRATION**

*Please complete and send with payment to Good Earth Village  
25303 Old Town Dr., Spring Valley, MN 55975*

**Program** \_\_\_\_\_ **Date** \_\_\_\_\_

Name: \_\_\_\_\_ M F Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Congregation: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments, medical info.or food allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Roommate preference: \_\_\_\_\_

Please Charge \$ _____ to my <input type="checkbox"/> Visa <input type="checkbox"/> Master Card
Card # _____ Exp. Date _____
Signature _____

**Additional information for youth programs:**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

My child has permission to participate in this program at Good Earth Village. I give my permission for the church or camp staff to obtain the services of a licensed physician for my child in the case of a medical emergency . I understand that every effort will be made to notify me in the event of such emergency.

Signed (Parent/Guardian) \_\_\_\_\_ Date: \_\_\_\_\_