

## 2007 MCF RETREAT REGISTRATION FORM

Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ In case of Emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Signature of the participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If you are under 18 years of age, please have your parent or legal guardian fill out the following:**

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I, \_\_\_\_\_, am the parent and/or lawful guardian of \_\_\_\_\_ and have reviewed the information about the **Michigan Christian Fellowship** retreat which will be held on Thursday August 9 to Sunday August 12, 2007 at Miracle Camp in Lawton, Michigan. I give my permission for the subject of this release to be involved in the overall and specific activities in this event. I/We have reviewed the guidelines of the MCF Retreat and agree to abide by them.

I /We understand all reasonable safety precautions will be taken at all times by Michigan Christian Fellowship and its agents during the Retreat. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold **Michigan Christian Fellowship** and **Miracle Camp**, its leaders, employees, and volunteer staff liable for damages, losses, or injuries incurred by the subject of this form. I /We agree to follow Biblical teachings on resolving all issues that may arise.

Name of parent or legal guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of the parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **MCF RETREAT RULES & GUIDELINES**

1. **THE GOLDEN RULE:** Treat others, as you would like to be treated by them.
2. Everyone must register by the deadline to attend the Retreat.
3. Everyone must wear his/her name tag at all times, especially when entering the dining room and the chapel.
4. **THE RESPECT RULE:** Listen and obey the leaders; they are here because they care about you.
5. **THE SCHEDULE RULE:** Everyone is required to be at all scheduled events, check-in times, meals, meetings and services on time. (**NEVER** wander off alone, or without permission of your cabin leader).
6. The time to be in your building each night is 12 midnight or 1 hour after the service ends (whichever comes later).
7. Spend time in devotions each morning, and participate in cabin devotions at night. (Remember **YOUR** goal here... to get **CLOSER** to God takes discipline and perseverance).
8. Plan to have at least 1 meal with your cabin/room members.
9. Leave all contact information (emergency phone #'s) with your cabin leader.
10. Use wisdom in every decision you make. Remember others are watching, and what happens at this retreat could be a blessing or detriment to those that follow.

*Note: Anyone unable to abide by these rules will not be allowed to participate in MCF retreats.*

**I have read and understand the rules and comments listed above and agree to obey and abide by them. I understand that if I cannot abide by these rules, I will be sent home at the expense of my parents and/or myself.**

**Signature of the participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **MCF RETREAT REGISTRATION COST: \$125.00**

**\*A non-refundable deposit of \$50.00 should be received by Thursday, August 2, 2007 in order to process your registration form.** The balance of the registration cost may be paid upon arrival at the camp.

\*Checks can be made payable to: *Michigan Christian Fellowship*

\*Checks should be mailed to: **Michigan Christian Fellowship**

2923 St. Jude Drive  
Waterford, MI 48329