

**Middle School Fall Retreat: November 4-6, 2011**  
**Instructions for Registration**

**Cost:** \$150 per youth, \$105 per adult sponsor

**Online Register By:** **MONDAY, October 24, 2011;** [WWW.RMCUCC.ORG](http://WWW.RMCUCC.ORG)

**Late Registrations:** Add \$20 per person

**Payment:** Online with credit card or by check or money order made out and sent to RMC-UCC 1140 W5<sup>th</sup> Ave, Denver CO 80204, please notate "Fall MSR" on memo line.

**Refunds:** Refunds will be made only if cancellation is made before 12 noon Wednesday, November 2, 2011. \$25 per person is retained. After the cut off no refunds are available.

*Youth Coordinator: the following form is provided for your convenience. It does not need to be turned into the Conference Office. The information we need will appear on the online registration.*

**ADULT REGISTRATIONS**

Name \_\_\_\_\_ Gender \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

**YOUTH REGISTRATIONS (copy as needed)**

Name \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

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Name \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_\_ more on back →→→

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

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Name \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

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Name \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

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Name \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

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Name \_\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Vegetarian  Allergies \_\_\_\_\_  Other \_\_\_\_\_

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