

MEN'S RETREAT

CRYSTAL SPRINGS CAMP, MEDINA ND

Please enclose a check (\$75) made payable to CSBC.
After April 26, 2019 a \$10 late fee will need to be added.
Mail to: CSBC 4848 36th St SE Medina ND 58467

Last Name: _____ First Name: _____

Address: _____ Church Attending: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Email Address: _____

Allergies (Food, etc): _____

CRYSTAL SPRINGS LIABILITY RELEASE FORM

For participation in all of the functions, activities, events or otherwise during May 3-5, 2019 Crystal Springs Camp. I do hereby release, forever discharge and agree to hold harmless the camp, organizers, and church sponsors from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, or any nature whatsoever which may be incurred by the undersigned that occur while he is participating in the activities / functions of the above mentioned retreat. By signing below, I give permission to Crystal Springs to use photographs of myself for promotional purposes.

Participant's Name: _____ Signature of Participant: _____ Date: _____

REGISTER ONLINE: WWW.CSBCAMP.ORG