

# CRAVE

COLLEGE & CAREER GETAWAY

CONNECTED

OCTOBER 12TH - 14TH, 2018

MAIL TO

**Make Check/Money Order To:**

Church of God of Prophecy

**Mail Application & Payment to:**

Tennessee Church of God of Prophecy

Att: Youth Ministries

P.O. Box 2319

Hendersonville, TN 37077-2319

## PLEASE FILL OUT ENTIRE APPLICATION

**Local Church Name:** (Ex. Crossroads COGOP) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age (Must be 18+) \_\_\_\_\_ Circle Gender: M or F \_\_\_\_\_

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

**Medical Data** - Please note any health issues or Allergies (Note any food allergies so cooking staff can be alerted)

Please write any recent operations, special needs (including dietary) or physical limitations: \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

(**Note:** Nurse does not collect medications at weekend retreats. Camper is responsible for medication.)

### Emergency Information:

Insurance Company: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

### Medical Consent:

In the case of an emergency, I understand that every effort will be made to contact my emergency contact. In the event they cannot be reached, I hereby give my permission to the College & Career Retreat director or College & Career Retreat staff and physician selected, to secure proper treatment for, to hospitalize, and to order injection, anesthesia, and/or surgery for myself. I understand that if any accident or sickness should occur which is not covered by camp insurance, it is my responsibility and the camp will not be liable for any of the expenses incurred in such cases.

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Statement of Certification and Understanding & Media Release

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that, in signing this application, I am agreeing to abide by all the policies and discipline of the College & Career Retreat sponsored by the Church of God of Prophecy, its administration, staff, and personnel. Any conduct incompatible, inconsistent or conflicting with the mission of the College & Career Retreat Retreat as a Christian retreat will constitute reason or cause for dismissal from the retreat and/or the decision to refuse acceptance to future retreat and/or camps. I also understand there will be photography /video taken throughout the weekend and these images may be posted to social media outlets. If you do not wish to be in videos or photos, please attach a note stating this request, sign and date it.

**Camper Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payment Information	Office Use Only
Please indicate amount enclosed \$ _____	Date Received: _____ Date of Response: _____
<b>PRE-REGISTRATION</b> (Post marked by Oct. 5th) - <b>\$35.00</b>	Check# _____ Check# _____
<b>LATE REGISTRATION</b> (After Oct. 5th & Walk-Ins) - <b>\$45.00</b>	Cash: _____ Money Order # _____
Please pay in full if possible. Application must be accompanied by a <b>minimum \$10.00</b> non-refundable (only transferable) deposit to ensure placement. Do not send cash!	Other Fees: _____ Return Ck# _____
	T-Shirt: _____ Less Deposit Rcv'd _____
	Rate: _____ <b>Balance:</b> _____