



THE RETREAT (For students entering 5th or 6th Grade in Fall 2019)

REGISTRATION FORM: Please complete this registration form along with the attached medical release and **return to the church office no later than Thursday, June 27, 2019.**

Child's Name: _____

Address: _____

Male _____ Female _____

Birthdate ____/____/____ Grade Entering in Fall 2019: _____

Parent/ Guardian Name: _____

Best number to reach you at: _____

Notify in case parent/guardian cannot be reached:

1. Name: _____ Relationship: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Phone Number: _____

T-Shirt Size:(Circle One)

Youth Med. Youth Lg. Adult Sm. Adult Md. Adult Lg.

Has your child been away from home overnight without you before?

Yes ____ No ____

Please list any allergies, medical conditions or special concerns we would need to know about your child: _____

Retreat Fee: \$45.00

1. Make checks payable to: Kiokee Baptist Church. Write The Retreat in the memo section.

2. Pay online at Kiokee.org

- Click on Give Tab
- Select Give Online Now
- Click to Donate
- Choose General Fund and enter \$45.00
- Add a message: Write Retreat Fee in the message box.