



2019 Camp Meeting Camper Registration Form

(Please return this form to John Davis at 16278 Shilling Rd Berlin Center, OH 44401, in order to reserve your camp lot or dorm room during Camp Meeting. Lots will be issued on a first come, first served basis. Be sure to return this form as soon as possible to reserve your desired lot/room.)

First Name: _____ Today's Date: _____

Last Name: _____ Spouse Name: _____

Additional family or individuals staying at your camp site/dorm room:

Name: _____ Name: _____ Name: _____

Name: _____ Name: _____ Name: _____

RISK OF INJURY- WAIVER OF LIABILITY (Responsible Family Representative Must Sign)

- I hereby give permission for the above listed names to participate in recreational and learning activities and to be bound by all camp policies in force.
- I desire that the above listed names participate in the full range of camp activities and acknowledge that the natural conditions of the camp and the interaction with other children of various ages may subject my child to a risk of injury.
- In case of accident, I will not hold Northeast Ohio Retreat Center, its staff, management, faculty, volunteers, or its officers liable. Further, I waive any claim or cause of action against the foregoing parties, which may arise as a result of an accident or an injury to any of the above listed names.
- I understand that Northeast Ohio Retreat Center and its staff shall not be held responsible for any articles lost, stolen, or left at the camp.
- I understand and authorize that any of the above listed names images may be used in publicity materials (photos, video, quotes) for Northeast Ohio Retreat Center. By signing this I acknowledge.

Signature _____ Date _____

Emergency Cell Phone Contact Number while at Northeast Ohio Retreat Center: (_____) _____ - _____

Home Address Street: _____

City: _____ State: _____ Zip _____

Email: _____ Home Church: _____

Rental Dates: _____

Check- In time for all campers will be before 5:30pm to allow staff to attend evening services. If you arrive after 5:30pm, you will need to wait until service is complete before receiving your lot/room information.

THIS BOX TO BE FILLED OUT AT CHECK-IN BY THE RETREAT CENTER STAFF	
Campsite/Dorm Room Number: _____	Please Circle: Tent or Camper
Rental Fees Due: _____	Rental Fees Paid: _____
Payment Type: Check # _____	Cash (accepted by) _____