



EVENT INFO:

**DATE: FRIDAY, JUNE 8TH TO
SATURDAY, JUNE 9TH**

COST: \$75

**TIMES: FRIDAY DROP OFF @ 3:30P AT OPCM
SATURDAY PICK UP @ 8PM AT OPCM**

DEADLINE: MAY 31ST, 2018

LOCATION: GRAND RAPIDS & HOLLAND, MI

WHAT TO BRING:

- CLOTHES/PJ'S/UNDERGARMENTS
- BIBLE / PEN
- TOILETRIES
- MONEY FOR MEALS TO AND FROM RETREAT
- A PAIR OF TENNIS/CLOSED TOED SHOES
- SWIMSUIT (ONE PIECE ONLY FOR GIRLS OR TANKINI WITH NO MID SHOWING)
- BEACH/POOL TOWEL

TO REGISTER AND PAY:

**FILL OUT THE REGISTRATION FORM AND
TURN IN WITH CASH OR CHECK BY MAY 31ST,
2018.**

**MAKE CHECKS PAYABLE TO: OAK POINTE
CHURCH.**

**PLEASE LET US KNOW IF YOU ARE IN NEED
OF A SCHOLARSHIP.**

QUESTIONS:

KRISTIN@OPCMILFORD.ORG 248.670.0161

PERRY@OPCMILFORD.ORG 248.719.4810

****PLEASE KEEP THIS PAGE FOR ALL RETREAT INFORMATION**

REGISTRATION 8TH GRADE RETREAT 2018

Student Information:

Name: _____ Grade: _____ Sex: _____

Address: _____

Home #: _____ Cell #: _____

Small Group Leader: _____ Friend you'd like to room with: _____

Parent Email For Extra Information: _____

Medical Information:

Insurance Company: _____ Policy # _____

Under the Name of: _____ Relationship: _____

Allergies (including medication): _____

Any physical, mental or dietary conditions we should know about?

OPC staff is allowed to give my student over the counter medications for minor ailments? Y or N

Emergency Contact Information:

Name: _____

Name: _____

Relations to student: _____

Relations to student: _____

Primary #: _____

Primary #: _____

Secondary #: _____

Secondary #: _____

In case of medical emergency or general medical care, I give consent for medical treatment for my child named above by authorized personnel. I certify the above child has my permission to 8th Grade Retreat with the Oak Pointe Church Middle School Ministry. I will not hold Oak Pointe Church responsible for any injuries my child encounters during the weekend. I understand that my child will ride in rented vehicles and that Oak Pointe Church Middle School Staff will do all they can to ensure a safe and fun activity.

Signature of Parent/Guardian

Date

For office use only:

- \$75
- Check # _____
- In Data base

Date: _____

8TH GRADE RETREAT SCHOLARSHIP FORM

Parent(s) or Guardian(s):

Name: _____ Relation to student: _____

Reason scholarship is requested:

Please provide the best number **AND** email to reach you at:

Phone #: _____ home office cell

E-mail: _____ personal work

Amount of scholarship requested:

Please request only what your family requires to send your student:

- \$25 (family pays \$50)
- \$50 (family pays \$25)
- Other: \$ _____

Please provide cash or check for the amount you are able to pay. If your application is not accepted for any reason your money will be returned to you.

For office use only:

Complete:

- Registration Form
- Scholarship Form
- Payment received

Date received: _____

- Accepted
- Not accepted

Date accepted: _____

Date contacted: _____

- Email
- Phone

Amount of Scholarship Awarded

- \$25
- \$50
- Other: \$ _____

Check # _____

Cash

Amount Paid _____

In Database

NOTES: