

Voyageurs Lutheran Ministry Retreat Registration

Please complete and send with Payment to:

VLM, PO Box 1076, Cook, MN 55723

Program _____ Date _____

Name _____ M F Date of Birth _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Home Congregation _____ City _____

Emergency Contact _____ Phone _____

Comments, medical info or food allergies _____

Please Charge \$ _____ to my ___ Visa ___ Master Card ___ Discover

Card # _____ Exp. Date _____

Signature _____

Additional information for youth programs:

Parent/Guardian _____ Phone _____

My child has permission to participate in this program at Voyageurs Lutheran Ministry. I give my permission for the church or camp staff to obtain the services of a licensed physician for my child in the case of a medical emergency. I understand that every effort will be made to notify me in the event of such emergency.

Signed (parent/guardian) _____ Date _____