

Registration Form DAY OF GRACE

MARCH 23, 2013

NAME:	
ADDRESS:	
PHONE:	
CHURCH:	

HEALTH AND MEDICAL INFORMATION

In Case of Emergency contact: (Please Print)

Phone No	
Insurance Name	
Daliau Numbar	

Please give any medical/physical information which might limit or prevent full involvement in this event

Is this participant taking any prescribed medication?
YES NO, If so, what and what is it for

If there should be an emergency which requires medical attention and the emergency contact is unable to be reached, I hereby authorize the physician chosen by the staff to hospitalize, secure treatment and order injection, anesthe- sia, x-ray, or surgery for the participant.

(SIGNATURE REQUIR



A PRE HOLY WEEK RETREAT

Day of Grace











March 23, 2013

10:00am-3:00pm

SCHEDULE

10:00am

Morning Prayer

Break

Table Discussion

Break

Practice Meditation/Prayer

Table Fellowship/Lunch

Group Prayer Walk

Closing Worship

3:00pm





This Pre-Holy Week
Retreat is a creative space
to deepen one's faith
through...

WORSHIP,

FELLOWSHIP,

PRAYER,

REFLECTION & REST.

"Come and experience God's grace!"

Registration is not complete without, FULL PAYMENT ACCOMPANIED BY A FULLY COMPLETED REGISTRATION/MEDICAL FORM.

Complete form and send to: 24501 Camp Road Laurel Hill, North Carolina 28351 info@monroecamp.org

Fax: 910-276-0422

\$20.00

PLEASE MAKE CHECKS
PAYABLE TO:

MONROE CAMP AND RETREAT CENTER "...their delight is in the law of the Lord, and on his law they meditate day and night...they are like trees planted in the streams of water.

-PSALM 1: 2-3