

Youth Retreats Registration



Congregation: _____ Retreat: _____

Please complete for each participant and return to Metigoshe Ministries. Be sure to complete ALL information and print legibly. Make additional copies if necessary.

First Name _____ Last Name _____ Male or Female _____

Birthdate ____/____/____ Grade Next Fall _____ Best Phone Number to Call _____

Parents/Guardians First and Last Names _____ Relationship to Child _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address of Best Contact Person _____ Special Dietary Needs _____

First Name _____ Last Name _____ Male or Female _____

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