

2015

ST. JAMES ANNUAL RETREAT

“Draw near to God, and he will draw near to you.”

BASIC INFORMATION

Name _____

Email Address _____

Phone (Home) _____

Phone (Mobile) _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

CARPOOL

Do you wish to participate in the carpool to and from the retreat? Yes No

Are you willing to drive in the carpool if needed? Yes No

If yes, how many extra people can you accomodate in your vehicle? _____

DIETARY NEEDS AND ALLERGIES

Please list dietary needs and allergies, food or otherwise, with the severity and reaction of the allergy.

Restriction or Allergy	Severity and Reaction

MEDIA RELEASE

I hereby consent to the collection and use of my personal images by photography and video recording during the Retreat, and acknowledge that these images may be distributed privately among St James members or publicly on the Internet. I understand that no personally identifiable material will be distributed with these images without prior consent.

Signature of Guest

Date this Agreement is Signed

Office Use Only	
Payment received _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Small Group Assignment _____	