

Registration Form
Church of Christ Singles Retreat
September 24th – 26th, 2010
Friday 5:00 p.m. - Sunday 2:00p.m

Please make copies of this form if needed

Name_____ (Sex) M___/F___ Date of Birth___ / ___ / ___
Address_____

Occupation_____ Home Congregation_____

Phone #_____ E-mail address_____

Things you would be willing to help with during the retreat.

<input type="checkbox"/> Lead singing at devotionals (m)	<input type="checkbox"/> Lead Prayer (m)
<input type="checkbox"/> Help organize events	<input type="checkbox"/> Help with meals
<input type="checkbox"/> Help with first aid	<input type="checkbox"/> Help with cleaning

Scheduled activities you would like to participate in during retreat.

<input type="checkbox"/> Hiking	<input type="checkbox"/> Softball (if enough participate)
<input type="checkbox"/> Fishing	<input type="checkbox"/> Talent show (if enough interest)

We will have at least one of the following activities and possibly both depending on interest.

These activities must be coordinated with camp director and depend on interest.

<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Zip line
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Please return this form ASAP

Mail to: Brookland Church of Christ
9664 Highway 49B North
Brookland, AR 72417

For more information call (870)-932-5307

Fax#: (870)-934-8302

E-mail: info@brooklandchurchofchrist.org