

Registration Form

2017 Atlantic Coast Conference
Fall Youth Retreat
September 15-17, 2017



Youth Group Name _____

Your Name _____

Your Address _____ City _____

State _____ Zip _____ Phone (____) _____

Email Address _____

Fulltime Participants _____ Part-time Participants _____ Total Part(s) _____

X \$110 per person _____ X \$89 per person part-time _____

Total Enclosed _____ **# Eating Vegetarian Meals** _____

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- **Cost per person: \$110.00**
 - **Checks Payable To: ACC Youth Committee**
 - **Send REGISTRATION by September 1st to:** Atlantic Coast Conference
C/O Brook Musselman
2257 Old Philadelphia Pike
Lancaster, PA 17602
 - **Location: Refreshing Mountain Camp, Stevens, PA (refreshingmountaincamp.com)**
 - **Arrival & Registration Friday Evening Sept 15th: 7 – 8:45PM / First Session 9PM**
 - **Remember:** Your group needs to be accompanied by male & female advisors if you have both genders attending. *Activity waiver form, medical forms, Volunteer clearance forms are needed!*
 - **Questions???** Contact Brook Musselman, 610-463-6225 or email, brookm@atlanticcoastconference.net

Females

Name	Advisor (X)	Age	Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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15			
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Males

Name	Advisor (X)	Age	Address
1			
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