Registration Form

2027 Atlantic Coast Conference
Winter Youth Retreat
February 12-14, 2027

Youth Group Name_____

Contact Name_____

Contact Phone (_____)_____

Contact Email Address_____

Fulltime Participants_____Part-time Participants_____Total Part(s)_____

X $150 per person_____ X $105 per person part-time_____

Total Enclosed_____ **# Eating Vegetarian Meals**_____

- **Cost per person: $150.00**
- **Checks Payable To: ACC Youth Committee**
- **Send REGISTRATION by January 27th to:** Atlantic Coast Conference
  C/O Brook Musselman
  100 Quarry Road
  Leola, PA 17540
- **Location: Camp Swatara, 2905 Camp Swatara Rd, Bethel, PA**
- **Arrival & Registration Friday Evening Feb 12th: 7 – 8:45PM / First Session 9PM**
- **Remember:** Your group needs to be accompanied by male & female advisors if you have both genders attending. *Medical forms and volunteer clearance forms are needed!*
- **Questions or special lodging needs???** Contact Brook Musselman, 610-463-6225 or email, brookm@atlanticcoastconference.net

For each participant, please mark (X) either Full time or each of the mealtimes & nights on location

Females				Part-time					
Name	Advisor (X) *please include cell #*	Age	Full time (X)	Fri Night (X)	Sat Night (X)	Sat Bfast (X)	Sat Lun. (X)	Sat Din. (X)	Sun Bfast (X)
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Males				Part-time					
Name	Advisor (X)	Age	Full time (X)	Fri Night (X)	Sat Night (X)	Sat Bfast (X)	Sat Lun. (X)	Sat Din. (X)	Sun Bfast (X)
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