

**2024 CONFIRMATION RETREAT
CAMP LOOKOUT MARCH 1 & 2**

REGISTRATION FORM

Registration is open now but will close as soon as maximum capacity (85) is reached.
Please register as soon as possible to make sure you don't miss out!

Pastor/Youth Leader: _____

Phone: _____ Email: _____

Church: _____ Phone: _____

Address: _____

Total Number of Participants: _____

Please list names and addresses of everyone coming on the second page.

- Total Number of Youth: _____ (Males: _____ Females: _____)
- Total Number of Adults: _____ (Males: _____ Females: _____)
▫ (You must bring enough adults to supervise students of the same gender at a ratio of at least 1 to 7.)

Cost of event is \$100.00 per student, \$90.00 per adult

Your church will be billed after the event has ended.

**You will be billed for the total number of participants listed on this form.
Minor changes can be made up to one week prior to the event. Please contact
Elle Hefner at elle@camplookout.com or 706-820-1163 to discuss options.**

Please complete form entirely.

**Scan and send to:
Elle Hefner, Program Coordinator
elle@camplookout.com**

**Mail form to:
Camp Lookout
3130 Hwy 157
Rising Fawn GA 30738**

Names and Addresses of Youth Who Will Attend (use additional sheets as necessary):

Males:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Females:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Names and Addresses of Adults who will attend:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____