

Operation IDEA Bishop's Initiative College Retreat 2012 Registration Form

RETREAT PARTICIPANT-Please complete the following:

Name _____ Age/Year in school _____

Home Address _____

City _____ State/Zip _____

College Address _____

City _____ State/Zip _____

Phone (home) _____ (cell) _____

E-mail address _____

Food allergies? _____

Special Needs? _____

T-shirt size _____

Mission Center/Congregation & City/Town _____

Emergency contact name/phone number _____

I will not hold Operation IDEA facilitators responsible for accidents, claims and damages that arise from this retreat experience. I authorize Operation IDEA facilitators to take such action as is deemed necessary for my care, welfare and health, including the giving of consent for medical treatment. I also give Operation IDEA permission to use any photographs of me taken at this retreat in future promotions of Operation IDEA.

Participant signature/date: _____

Please complete this form and mail it with the Challenge Course Release Form to:

Operation IDEA
c/o Sharon Miley
4980 S. 118th Street, Suite D
Omaha, NE 68137-2220