

# 2025 RETREAT REGISTRATION

Use this form **ONLY** if you are unable to register online.

## PARTICIPANT INFORMATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Congregation \_\_\_\_\_ City \_\_\_\_\_

Physician's Name \_\_\_\_\_ Clinic Phone # \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

\_\_\_\_\_

Should we be aware of any special needs? Please Explain: \_\_\_\_\_

\_\_\_\_\_

## RETREAT INFORMATION

Name of Retreat \_\_\_\_\_

Roommate Request \_\_\_\_\_

Send to: PO Box 305 Medora, ND 58645

### FOR OFFICE USE

Received Date \_\_\_\_\_ Amount Pd \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_

### PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

I authorize Badlands Ministries to take action as deemed necessary for my care, welfare, and health including consent for medical treatment. I also give Badlands Ministries and the ELCA permission to use any photograph or video of me taken at any retreat function for future publications, including the website.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PAYMENT INFORMATION

Payment by check or money order to *Badlands Ministries*.

Total amount enclosed \$ \_\_\_\_\_

Payment by Credit Card:

Card Type:  Visa  Mastercard

Total to be charged: \$ \_\_\_\_\_

Card Number \_\_\_\_\_

3 Digit Verf Code \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

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