



FALL & SPRING RETREATS 2022-2023

Full Name: \_\_\_\_\_ Gender: Male Female | Birthday: \_\_\_\_\_

Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Roommate Request: \_\_\_\_\_ (Requests are not guaranteed)

Please select retreat, then select the resident options.

- LADIES RETREAT #1**            September 29 – Oct 1 |  Cabin: \$110    Hotel: \$140
- MEN'S RETREAT #1**            November 10-12 |  Cabin: \$110    Hotel: \$140
- TEEN WINTER RETREAT**        December 27-30 | \$155
- MEN'S RETREAT #2**            February 23-25 |  Cabin: \$110    Hotel: \$140
- COUPLES RETREAT #1**        March 9-11 |  Cabin: \$190    Hotel: \$225
- COUPLES RETREAT #2**        March 16-18 |  Cabin: \$190    Hotel: \$225
- LADIES RETREAT #3**            April 20-22 |  Cabin: \$110    Hotel: \$140

**LADIES RETREAT**

**T-SHIRT ORDER**

Shirt Size: \_\_\_\_\_

**Please enclose a registration fee of \$25.00 when you send in your registration form.**

By signing below, both as the parent or guardian and youth camper you agree to the statement: "I agree that I have fully read the guidelines listed on the form and realize that I am responsible to maintain the standards for dress and conduct established by Southland Christian Ministries. I understand that action will be taken if camp policy is not upheld. I understand that every effort will be made to contact parents or guardians of campers. In the event I cannot be reached I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, order injection, anesthetize or perform surgery deemed necessary for my child. I affirm that I give permission for my camper or any other transmission or medical information on this form is complete and correct. To be included in any photo, recorded images reproduction for the purpose of Southland Ministries promotion.

Parent's Signature: \_\_\_\_\_

Camper's Signature: \_\_\_\_\_

Please fill out and send form to **3555 Highway 371, Ringgold, LA 71068**

www.southlandcamp.org | 318.894.9154