Mother Dauahter

RETREAT

Get an all-girls weekend for intentional time to grow and refresh your mother-daughter relationship.

October 7 to 9, 2016 For daughters in grades 1 to 12

www.joyelcamps.org



camps & retreats

Joy El Camps and Retreats 3741 Joy-El Dr. Greencastle, PA 17225-9001



"Joy El has a great variety of activities with a great balance of practical teaching." - Rebecca, mother-daughter camper

Take time away together because life is busy and time flies. Don't let daily routines keep you from having those special mother-daughter moments that will shape her life. At the Mother-Daughter Retreat you'll make memories she will carry her whole life long. Step away from busyness into the perfect setting to draw closer to one another and to God.



Register at www.joyelcamps.org or call 717-369-4539.

Providing opportunities for people to experience life-change through personal encounters with God.

For girls in grades 1 to 12. Cost: \$146.00 per pair **Pay:** \$73.00 for each additional child

Register by September 9 to receive the discount prices of \$136.00 (pair) or \$68.00 (additional child).

facebook.com/joyelministries

Joy El Retreat Registration Form

| RETREAT EVENT: | | | | | | | | |
|--|-----------------|--------|-------------|---------------------|----------------|--------|---------|--|
| | | | | | | | | |
| Child's Information | | | | | | | | |
| Name: | | | | | Gender: | | | |
| Address: | | | | | Home Phone: | | | |
| City: | State: | Zip: | | Student Cell Phone: | | | | |
| Student Email: | | Grade: | | Date of Birth: | | | | |
| Parent/Guardian Information | | | | | | | | |
| Name(s): | | | | | | | | |
| Is address same as above? YES NO (If NO, please fill in address below) | | | | | | | | |
| Address: | | | | | | | | |
| City: | | State: | | | | | Zip: | |
| Home Phone: | Home Phone: Wor | | /ork Phone: | | Parent Cell #: | | Cell #: | |
| Parent Email: | | | | | | | | |
| *Please check here if you are registering for a parent-child event and you are NOT the child's parent or guardian. | | | | | | | | |
| Cabin mate request – pleas | se list only O | NE: | | | | | | |
| Please indicate how you heard about this event: | | | | | | | | |
| I have never been to Joy El and I was invited by: | | | | | | | | |
| Child's Health Information | | | | | | | | |
| Primary emergency contact: | | | | | | Phone: | | |
| Health problems/concerns/restrictions: | | | | | | | | |
| Allergies (food, medication, etc): | | | | | | | | |

Please check here if you would like to use any available Released Time Discount. Only discounts earned through last school year are applicable to this retreat event.

____ Please check here if you are using any promotional code. List the promo code here: ______

Parent Consent Statement

- In signing this statement, I certify that this camper is in good health and may participate in ordinary camping activities. Joy El will in no way be responsible for medical treatment or liability resulting from physical conditions existing prior to the camper coming to this event. I hereby authorize release of medical information necessary for insurance purposes to Joy El. In the event of an emergency and I CANNOT be located, I give permission for the hospital doctor to treat my child or operate.
- I give Joy El permission to use pictures that include the camper listed above in print or internet for publicity purposes.
- I understand that providing my email address gives Joy El permission to send me news and event information.
- As a parent/guardian of ______(camper name), I hereby fully waive, release and discharge Joy El Camps & Retreats, its agents, employees, successors and assigns, from any and all rights, claims, and actions, arising now and/or in the future, out of my child's participation in camping activities conducted by and/or under the auspices of Joy El Camps & Retreats. I further agree to indemnify and hold harmless Joy El Camps & Retreats from any claims arising out of any injury or harm my child may cause to another individual during the course of his participation in camping activities. This includes all activities described on brochures and the web page, including but not limited to the Giant Swing, Flying Squirrel, or Zip Line.
- I understand that all registration deposits are non-refundable.

Signature of parent or guardian must appear in ink

Today's Date

For Phone Registration – Office Use Only

| Order taken by: | Order Date: | Cost: |
|-----------------|------------------|-------|
| Credit Card #: | Expiration Date: | CID: |