Foundations . . . into thin places July 29-August 2, 2009

Personal Information (please print. one person per form)

Name_____

Address_____

City, State & Zip_____

Phone_____ Age_____ Female / Male

Email Address_____

Registration Costs ……...…… $25

We believe money should never be an obstacle to attending Foundations. If you cannot afford the registration, limited scholarships are available upon request.

Check days attending

- ○ Wednesday
- ○ Thursday
- ○ Friday
- ○ Saturday
- ○ Sunday

Amount Enclosed _____

Return registration form along with check or money order made payable to *Covenant Love Community* with *Foundations* in the memo line to:

Foundations 2009, 1768 Dryden Road, Freeville, NY 13068

Register by Sunday, July 26.

Photos and video taken during Foundations may be posted on our web site or used for publicity purposes. If you do not want your image used in this manner, please check this box. □

Medical Release & Authorization

All registrants must provide the medical information below. Those under the age of 18 must also have the form signed and dated by a parent or guardian.

All information is confidential and will be used only in an emergency.

Allergies_____

_____

Medications_____

_____

Last TETANUS shot _____ Date of Birth_____

Medical History (if pertinent)_____

_____

_____

Insurance_____

ID or Contact #_____

Family Physician_____

Physician's Phone_____

I, being the parent or legal guardian of the above named minor, do authorize the staff of Foundations 2007 to act in my behalf to authorize any emergency medical, dental, or surgical care and hospitalization deemed necessary by an accredited physician, nurse or hospital for the above named minor during Foundations, July 29-August 2, 2009.

_____

Signature of Parent or Guardian

_____ _____

Parent or Guardian's Name (please print) Date

Home Phone _____ Work Phone _____

no other foundation dot org