

Youth Retreat (Grade 9 – 12)

October 31 – November 3, 2024

Last Name (use line above)	First Name (use line above)	Age/Adult	Male/Female
Address (use line above)	City	Prov	Postal Code
Email Address	Home Telephone Number	Cell Telephone Number	Birth Date: Month/Day/Year

- Cost is \$150.00 (All fees included). There is an **Early Bird** price of \$120.00 **IF your application with full payment is received by October 17, 2024, by 3:00 pm.** Price includes meals from Friday breakfast to Sunday brunch and accommodations. Bring your own bedding and towels. Bring a sack supper for Thursday night.
- If your application cannot arrive in our office before October 31, please bring it with your payment of \$150.00 Cash, Visa or MasterCard accepted. **No Cheques please.**
- **Please be sure the financial work sheet is filled out correctly. If requesting an invoice to your church or school, you must have the Pastor, Treasurer or Principal sign to approve an invoice.** Invoicing will be sent to your Church/School after the Youth Retreat. **Applicant portion of the payment must be received by deadline for Early Bird price.*
- **The Early Bird price is available until October 17 only.** Full price of \$150.00 applies after October 17 @ 3:00 pm.
- You can download a form at www.bcyouth.com . **Click Youth Retreat.**

FINANCIAL WORKSHEET

TOTAL Youth Retreat FEES **\$ 150.00**
(Fee includes a \$50.00 non-refundable Deposit)

Discount for applications received by **October 17, 2024**, by 3:00 pm (put 30.00 here) .. \$

TOTAL Amount Due \$

Indicate your payment method and the amount you are paying..... \$

Visa MasterCard Cash* (Do not mail cash) Debit* (*In office only)

Visa/MasterCard Number

Exp Date

CVV #

Card Holder Signature

Card Holder Name (Please type or print)

Remaining Balance Owng \$

Invoice the SDA Church for the Remaining Balance

Treasurer/Pastor Signature required for invoicing

I wish to apply as an Adult Leader (must be willing to mentor 7 Youth). FREE if approved by Tony C. A Criminal Record Check will be required. CRC Received (Office use only)

Student Name

Church/School Attending

Care Card #

Family Physician

Physician Phone#

I am requesting, as the parent or legal guardian, of the Youth Retreat Applicant identified above, that he/she be allowed to participate fully in all the activities of the Youth Retreat. I understand that some activities may include travel to various parts of the Province. I understand that there are risks involved in the activities of the Youth Retreat and I accept those risks on behalf of the Applicant, which may include, but not limited to, serious bodily harm, damage to personal property and death. On my behalf and on the behalf of the Applicant, I waive any right and release and discharge any claims or causes of action whatsoever that I and/or the Applicant may have now or in the future against the Seventh-day Adventist Church (British Columbia Conference), the Camp and their affiliates, members, directors, officers, leaders, agents, volunteers and/or employees (together defined as "SDABCC") arising out of or in any way connected with the applicant's participation in the activities of the Youth Retreat. I further agree to indemnify and hold harmless SDABCC from any actions, suits, claims, or demands whatsoever that the applicant may have or may bring against SDABCC arising out of, or in any way, connected with the applicant's participation in the activities of the Youth Retreat.

The Applicant and I support the policies of the Youth Retreat and agree to be bound and abide by them. I agree to provide payment by visa/mastercard, debit or cash on or before the required date to qualify for any discounts and/or make the appropriate arrangement for invoicing my church. **All allergies and medical concerns are included on a separate sheet of paper that will be included with this application.**

I acknowledge and agree that the information in this Registration Form is collected to assist in the implementation of the Applicants' activities at the Retreat. It will be used for the purpose of implementing those activities, for contacting me as deemed necessary and for providing or arranging for medical treatment for the Applicant. The information will be proved to those providing medical treatment to the Applicant. I agree that SDABCC may use photographs, videos and or other images of the Applicant for the purpose of promoting the programs of SDABCC. Signature below is required by a **Legal Guardian**.

Parent/Legal guardian Signature required if under 19

Print Name

Address if different than applicant

Date

Home Phone

Cell Phone

Note

- ❖ Registration begins at 6:00 pm on Thursday, October 31, 2024
- ❖ Bring a sack supper for Thursday, October 31, 2024
- ❖ Bring your own bedding and towels
- ❖ Early Bird price ends on October 17, 2024 @ 3:00 pm
- ❖ Late Applications are subject to the full \$150.00 Fee
- ❖ There is a \$50.00 non-refundable deposit
- ❖ Adult Leaders are FREE if approved by Tony C
 - Adult Leaders must submit an application form AND a Criminal Record Check
- ❖ Pastor, Treasurer or Principal must sign for invoice.
- ❖ Application form for all participants (youth/Adults) required.
- ❖ Do NOT bring electronics or other valuables
- ❖ Pick up is on Sunday, November 3 at 11:30 am
- ❖ Cabin assignments will be made at registration
- ❖ Maximum of 8 per cabin/minimum of 5, plus one adult
- ❖ When applying on-line at www.bcyouth.com. Please note to call our office to make a Visa/MC Payment by October 17 @ 3:00 pm for the discount. Note: Debit and Cash can be paid in person at 1626 McCallum Rd. Abbotsford, BC (Do not mail cash)

Send your Application to:

British Columbia Conference
 Youth Department
 Box 1000
 Abbotsford, BC V2S 4P5
 (1626 McCallum Road)

E-mail: sgibbons@bcadventist.ca

Fax: 604-853-8681

Payment Methods

Visa, MasterCard, Cash
 *Debit and cash payments can be made at the Conference office at the address above: Mon – Thurs 9:00 am – 5:00 pm
 (No personal cheques)

**Payment in full is required by
 October 17, 2024 for the Early
 Bird Price of \$120.00**