

UNITY RETREAT REGISTRATION FORM

Registration Deadline: February 24, 2008

PLEASE PRINT CLEARLY

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birth date _____

Name of School _____ Grade this year _____

Parent or Guardian _____ Relationship _____

Daytime Phone _____ Home Phone _____

Email address _____

The retreat date I am interested in is: _____ February 29 through March 1
(5:00PM Friday - overnight - to 4:00PM Saturday)

_____ March 14 through March 15
(5:00PM Friday - overnight - to 4:00PM Saturday)

How did you hear about the program? Which organization referred you to the program?

Why are you interested in the program?

What are 3 things it will be helpful for us to know about you?

INSTRUCTIONS: Send completed registration form along with the signed Youth Participation Release/Authorization for Emergency Medical Treatment by February 24th to:
Debra Rodgers, Unity Summer Program Director, 3400 Dupont Avenue S., Minneapolis, MN 55408
Phone: (612)825-1701 X106 Fax: (612)825-8879 Email: debra@firstuniv.org.
For more information go to www.firstuniv.org/unity.html