

Camp Luz Retreat Group Registration Form

Please try to register 1 adult sponsor for every 6 youth.

Church: _____

1. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

2. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

3. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

4. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

5. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

6. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

7. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

8. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

9. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

10. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

11. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

12. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

Sponsors:

1. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

Email _____

2. Name _____

Phone (____) _____ Sex: M F

Address _____

City/ST/ZIP _____

Email _____