Register for Women at the Well at Miracle Bible Camp

Fill out this form, include your payment, and mail to:
Miracle Bible Camp 4389 Timber Dr SW Hackensack MN 56453
Or register online at www.miraclebible.com

Name: _____

Contact Email: _____

Contact Phone Number: _____

Mailing Address: _____

What church do you attend? _____

Roommate Request: _____

Dietary Needs: _____ None _____ Gluten-Free _____ Dairy-Free
Other: _____

When are you attending:
_____ $20 Friday Only (no overnight) _____ $25 Saturday Only (no overnight)
_____ $45 Both Days (no overnight) _____ $65 Full Retreat

Anything else we need to know? _____

_____

I certify that I am in good health and do not need a medical physical to participate in camp activities. I agree to inform camp staff of any medical conditions or special needs prior to the start of camp.
I authorize camp staff to provide first aid and/or seek emergency medical treatment for me if necessary and understand that I am responsible for any associated costs.
I release Miracle Bible Camp, its staff and volunteer workers from any liability or claims which may arise related to my participation in programs or trips sponsored by Miracle Bible Camp.

I authorize Miracle Bible Camp to use photos, videos, and statements for promotional purposes.

____ Yes ____ No

Signature: _____ Date:_____

Miracle Bible Camp * 4389 Timber Dr SW * Hackensack, MN 56453
admin@miraclebible.com * 218-682-2714