

Middle School

Relationship Retreat

November
16 - 17



Registration Form

Name: _____

Address: _____

Youth Phone Number: _____ Youth's Email*: _____

Grade: _____ School: _____

Parent(s)' Name(s): _____ Parent(s) Phone Number(s): _____

Parent(s)' Email(s)*: _____

** Retreat updates will be sent to these email addresses. Please provide the emails you check often.*

Has your insurance changed since turning in your 2018-2019 Medical Form? No Yes

(If 'yes' is selected, please attached a copy of the front and back of your insurance card to this registration form.)

The cost is \$25. Financial assistance is available by contacting Adrian Martin at 704.778.6432 or by emailing adrian.martin@sardis.org.

The registration deadline is Sunday, November 4 or when all of the spaces are filled, whichever occurs first. Space is limited-please register early.

Please return this form and non-refundable payment made out to Sardis Presbyterian Church to:
Sardis Presbyterian Church | Attn: Adrian Martin | 6100 Sardis Rd. | Charlotte, NC | 28270