

# Families United Youth Retreat

June 30-July 1, 2018

Trout Lodge, Potosi, MO

## Adult Registration Form

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**Date:** \_\_\_\_\_ **Personal Information: (Please Print)**

Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name (Last, First, Middle): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a Chaperone? Yes or No \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Healthy Relationship Educational Information**

How did you first hear about this retreat?  Spouse  Friend  Church  Internet Search  
 Advertisement (TV, radio, print)  Community Organization  Other

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**Special Needs or Disabilities: (please explain)**

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**Emergency Contact:**

Name (Last, First, Middle): \_\_\_\_\_ Phone: \_\_\_\_\_

**T-Shirts Sizes:** S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_ Other \_\_\_\_\_

Please submit this registration form along with cash, check or money order made payable to: Families United, check the information that apply to you.

1. Adult chaperone only \$80.00 per person \_\_\_\_\_ 3. Adult per person \$155.00 (2 to a cabin) \_\_\_\_\_  
2. Adult per person \$130.00 (3-4 to a cabin) \_\_\_\_\_ 4. Adult per person \$200.00 (individuals cabin) \_\_\_\_\_

Retreat includes all meals, accommodations, and transportation. Deposit of \$ 80.00 is due by April 30, 2018.

All payments are due on or before June 8, 2018. Register online at [www.healthyrelationshipstl.com](http://www.healthyrelationshipstl.com).

Mail Payment to: Families United P. O. Box 2202, St. Louis, MO 63158.

For more information, contact Greg or Robin at 314-772-2260 or 314-922-9582. **Deadline June 8, 2018.**

I, the undersigned, hereby certify that I understand this agreement and am willing to voluntarily participate in Families United Healthy Relationship/Healthy Marriage Program. **Participants of the program will NOT be coerced or forced into marriage or encouraged to remain in an abusive or violent relationship at any time.** In signing this document, I do hereby waive, release and forever discharge Families United, their agents, employees and anyone else connected with this activity from any and all harm resulting from injuries sustained as a result of my participation in the program. Families United has my permission to use any and all photographs taken of me during program activities in advertising and promotional materials.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Deposit: \_\_\_\_\_ Second Payment: \_\_\_\_\_ Final Payment: \_\_\_\_\_

Online Registration: \_\_\_\_\_ Visa/Master Card: \_\_\_\_\_ PayPal: \_\_\_\_\_

Name on Check: \_\_\_\_\_ Check Dated: \_\_\_\_\_ Check #: \_\_\_\_\_

Cash/Check / Money Order Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_