



Wonder High School Winter Retreat **December 1-3, 2017**

\$87 for 2 night Event

\$72 for *Alternative 1 night Event*

Tickets are transferable but not refundable.

\$40 deposit reserves your place & pay balance at check in!

Optional Paintball activity: \$20 additional fee & waiver

Full Event fee includes: 4 meals, 2 nights housing, and all programming. **Alternative includes:** 3 meals, 1 night.

Free tuition earned for adult leader for every 10 participants. Details at www.lakeaurora.org/wonder

Please Print. Check which box describes your attendance:

- Student
 Sponsor
 Youth Minister

Name _____

Mailing Address _____

City _____ St _____

Zip _____ Phone _____

E-mail _____ @ _____

Grade: _____

- Attending as an individual
 Optional Paintball Adventure (+\$20 and Waiver)
 Attending with youth group

Youth Minister's name: _____

Home Church: _____

City: _____

Check & credit card accepted by mail. **Checks payable to: Lake Aurora**

Fax - Credit card only

Amount enclosed or to be charged: \$ _____

(Please add a 3% surcharge when using a corporate acct credit card.)

Charge to: Mastercard Visa Discover AmExpress

CC # _____ Exp: _____

3-4 digit Security Code (CVV or CID code) _____

Print Name on Card: _____

Signature: _____

If holder's address differs, please note.

HOUSING - 290 beds are available on campus for this retreat.

Please state if your lodging will not be on campus.

I will be On campus -Dorm ___ I am physically UNABLE
 staying in: Off Campus - Motel to sleep on a top bunk.

Other: RV, Tent, Etc _____

In Case of Emergency & Permission to Participate:

"To the best of my knowledge my child (or myself) is physically and emotionally able to take part in this program and its inherent risks. In the event of a medical emergency, I give permission for a health care professional to do what is necessary for the health of my child (or myself if unable to respond). I recognize that this is a Christian camp, conduct will be expected that is consistent with Christian values. I also give my permission for the use of photographs/videos including my child (or myself) to be used in future camp publicity."

Parent/Guardian/Self over 18 yrs old Date: _____

Signature Required X _____

(Parent or Legal Guardian or self over 18)



Lake Aurora Christian Camp
 237 Golden Bough Rd, Lake Wales, FL 33898
 FAX 863/696-1062 info@lakeaurora.org

