

Family Ministries Labor Day Weekend 2020 Retreat  
 September 4 to September 7, 2020  
 Registration Form

Registration form and \$25.00 registration deposit can be mailed to:  
 Family Ministries  
 c/o Judy Jenkins  
 38601 Elliott's Lane  
 Delmar DE 19940

Checks may be made payable to:  
 "Family Ministries"

Online registration is available at:  
[www.familyministriesbridgeville.com/labordayweekendretreat2020](http://www.familyministriesbridgeville.com/labordayweekendretreat2020)

**REGISTRANT**

Name		Age (if < 18)	Male	Female	LODGING		MEALS
					Hashawha In Cabin	At Hashawha Not In Cabin	Eating Meals
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address _____							
City _____		State _____	Zip Code _____				
Email _____ @ _____		Phone _____ ( _____ ) _____ - _____					

**OTHER ATTENDEES**

Name	Email (optional)	Phone (optional)	Age (if < 18)	Grade Completed In 2020	Male	Female	Hashawha In Cabin	At Hashawha Not In Cabin	Eating Meals
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Guardian for anyone under the age of 18 _____	Email _____	Phone _____
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Food Allergies/Dietary Concerns ( please provide Attendee name(s) and details )

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Please also complete a  
 Hashawha Environmental Center Release Form  
 For each attendee.