



2015 High School Retreat
Registration Form
November 21 - 22, 2015

Church: _____

Contact Person: _____

Daytime Phone: _____ Evening Phone: _____

Cell: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Number of Participants*: Total _____

Male Youth _____ Female Youth _____

Male Adults _____ Female Adults _____

_____ x \$ 55.00 = \$ _____
(Total Participants) (Cost/Person) (Total Cost)

Total cost for my group is: \$ _____

Amount Enclosed: \$ _____

For Payment by Credit Card:

Type of Card: _____ Name on Card: _____

Card Number: _____ Exp Date: _____ Sec Code: _____

Signature: _____

Send your registration and payment to:

Camp Hanover
3163 Parsleys Mill Road
Mechanicsville, Va 23111

Phone: 804-779-2811

Fax: 804-779-3056

Website: www.CampHanover.org

*In order to provide adequate supervision in housing areas, we ask groups to bring one adult chaperone for every 6 youth of each gender in attendance. For example, if your group is bringing 9 girls and 3 boys, we ask that you bring 2 female adults, and 1 male adult.