

CAMP HANOVER
 3163 Parsleys Mill Road
 Mechanicsville, VA 23111
 Phone: 804-779-2811 Fax: 804-779-3056

RETREAT PARTICIPANT FORM

GROUP NAME _____

For emergency and insurance purposes, Camp Hanover asks each retreat leader to provide us with a complete list of the names and phone numbers of **ALL** retreat participants. (Regardless of how long they are here.) We ask that this completed form be given to the camp person in charge immediately upon your arrival so that we can have the information by the phone in the event that we should need it. This is a safety measure that we feel we cannot neglect.

Thank you for your cooperation.

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